

Request for change in status from Minor to Major

 To:
 The Trustees
 _____ Mutual Fund

Name of the Applicant (unitholder who is requesting for change of status from MINOR to MAJOR)

Mr./Ms.																						
Date of Birth	D	D	M	M	Y	Y	Y	Y	PAN													
Tax Status:	<input type="checkbox"/> Resident Individual				<input type="checkbox"/> NRI				<input type="checkbox"/> PIO				<input type="checkbox"/> Others (Please Specify)									
<input type="checkbox"/> KYC Acknowledgment attached				<input type="checkbox"/> KYC form attached				<input type="checkbox"/> C-KYC Identification No.														
Please tick (✓) whichever is applicable																						
Name of the Guardian Mr./Ms. _____																						
Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian																						

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

Folio No(s).		
1.	2.	3.
4.	5.	6.
7.	8.	9.

CONTACT DETAILS OF THE APPLICANT

 The Email ID belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA
 The Mobile No. belongs to (Mandatory Please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Siblings ☐ Dependent Parents ☐ Guardian ☐ PMS ☐ Custodian ☐ POA

Mobile No.+91-	Tel. No. STD -
Email Address	

ADDRESS OF THE APPLICANT

Address Line 1																	
Address Line 2																	
City:	State										PIN						

(Please note that address will be updated as per applicant's address on KYC form /KYC Registration Agency records)

BANK ACCOUNT DETAILS OF THE APPLICANT

Bank Name																						
Account No.										11-digit IFSC Code												
A/c. Type	<input type="checkbox"/> SB		<input type="checkbox"/> Current		<input type="checkbox"/> NRO		<input type="checkbox"/> NRE		<input type="checkbox"/> FCNR		9-digit MICR Code											
Name of bank branch																						
City															PIN							
Please attach & tick(✓) <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook																						

ADDITIONAL KYC INFORMATION (Please tick ✓ whichever is applicable)

Occupation	<input type="checkbox"/> Private Sector Service		<input type="checkbox"/> Public Sector Service		<input type="checkbox"/> Government Service		<input type="checkbox"/> Business		<input type="checkbox"/> Professional	
	<input type="checkbox"/> Agriculturist		<input type="checkbox"/> Retired		<input type="checkbox"/> Home Maker		<input type="checkbox"/> Student		<input type="checkbox"/> Forex Dealer	
	<input type="checkbox"/> Others _____									
The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)										
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore										

FATCA AND CRS INFORMATION

Country of Birth _____	Place of Birth _____
Nationality _____	

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below

Country	Tax-Payer Identification Number	Identification Type

NOMINATION (Please tick (✓) one of the options below)

☐ I wish to make a nomination and hereby nominate the person/s more particularly described in the Nomination Form attached herewith, to receive the Units held my folio in the event of my death. *{Recommended}*

☐ DO NOT wish to make a nomination (*Please tick ✓ if you do not wish to nominate anyone*)

DECLARATION AND SIGNATURE OF THE APPLICANT

I have attached herewith all the relevant / required documents as indicated below.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by ☐ the Guardian on record ☐ My bankers ☐ Notary / JMFC

Place_____

Date_____

Signature of Applicant _____

SIGNATURE ATTESTATION

(To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC) @

<p>Name of the Guardian / Stamp of the Notary/JMFC</p>	<p>The above signature of the applicant duly attested by me</p> <p>_____</p> <p>Signature</p>
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@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1

Documents attached –

- ☐ Copy of PAN Card of applicant
☐ KYC Acknowledgment OR ☐ KYC form of applicant
☐ Cancelled cheque with applicant's name pre-printed OR ☐ Applicant's Bank Statement/Passbook
☐ Annexure-I – Bankers Attestation of Signature of the applicant
☐ Nomination Form