

REQUEST FOR CHANGE IN STATUS FROM MINOR TO MAJOR

Form MAM

To:

The Trustees

Mutual Fund

Mr./Ms.																								
Date of Birth				/			/					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. <i>Please tick✓ whichever is applicable</i>																								
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

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												
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 No.												
Name of bank branch																						
City															PIN							
<i>Please attach & tick✓ <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook</i>																						

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 _____ (Please specify)	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

NOMINATION (Please tick ✓ one of the options below)

<input type="checkbox"/> 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. <i>{Recommended}</i>
<input type="checkbox"/> I DO NOT wish to make a nomination <i>(Please tick ✓ if you do not wish to nominate anyone)</i>

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) @	
Name of the Guardian / Stamp of the Notary/JMFC	The above signature of the applicant duly attested by me
	Signature _____

@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure I

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