Your Services Solutions Partner				С
Norr	ninee 🗖 Re	gistration / 🔲 Cancellation	Form	
(Please 🖉) (To be fille	ed in by individual(s) applying singly	v or jointly)	
This form may be used to register Registrar and Transfer Agent. Please				for which
Mutual Fund Name:				
Folio No				
I/We do hereby nominate the pers me/us earlier in respect of Units he		articularly described hereunder / a	and cancel t	ne nominat
Name and Address of Nominee(s)	Date of Birth	Name and address of Guardian	Signature of Guardian	Proportior units will by each no (Should ag 100%)
	(To be furnished if nominee is minor)			

Declarations & Signatures (To be signed by all joint holders, even in case of "Either or Survivor")

I / We have read the terms and conditions for nomination and hereby nominate the above nominee/s the amounts to my/our credits in the event of my/our death. Signature of the nominee/s acknowledgin my/our credit will constitute full discharge of liabilities of the respective Mutual Fund.

Name and Address of Applicant(s)	Signature of Applicant(s)