## **CHANGE OF SIGNATURE / NAME: REQUEST FORM**

Received, subject to verification and without prejudice, request for updation of new names / signatures in:

Name of the Sole/First Unit Holder \_

For Individuals / NRIs / Sole Proprietors / HUF-Karta ARN -4464 E032737 VIKRAM S. BAGADTHEY



Status [Please shade (●)]		at. :a	Cole Drand-t-	OHIE (Korto's Signature)								
		dividual ONR		OHUF (Karta's Signature)								
Request For [Please shade	(•)] OC	hange of Signature	○ Change of Name									
Reason for change												
Bank Account Details for v	erification (Mention	bank details as existing in	the above mentioned folio/s)									
Bank Name												
Full Bank A/C No												
Old Names, New Names ar	<u>-</u>			Provide for ALL holders, even if not changed								
	Sole/First	t Unit Holder	Second Unit Holder	Third Unit Holder								
New Signature(s)	New specir	men signature	New specimen signature	New specimen signature								
Old Name(s) (As per existing records)	Old name	e for records	Old name for records	Old name for records								
New Name(s) (Don't fill this section, n case of change of signature only)	New name	e for records	New name for records	New name for records								
Mandatory documents (to I	be enclosed) [Pleas	se shade (●)]		Provide for ALL holders, even if not changed								
Change of Signature:  1. PAN card copy/ Passport  2.   In-Person Verification (I	-		ber mentioned in bank attestation does n	ot match with bank account available in folio:								
Union MF Offices,	,	○ The Old Bank Accou	int: Self attested Cancelled Cheque / Ched	que Copy / Bank statement, or Letter from Old								
OR		_	tration Form for registering the new bank									
<ul> <li>Banker's attestation/Leg (mandatory in case of r</li> </ul>			in bank attestation does not match with a									
(refer format on page 2	, ,	O Sell-allested copy of	bank account statement/passbook with the	ew address, not older than three months.								
(refer format on page 2  Change of Name:  1. Proof of KYC Complian  OR  2. KYC Change Details For  PAN card copy in New	e).  nce with new name  orm, with following doname / Photo identit		be done with all documents, if KYC not do uses. [Self attested] and									
(refer format on page 2  Change of Name:  1. Proof of KYC Complian  OR  2. KYC Change Details Forth PAN card copy in New  Marriage Certificate / D  Please produce originals  The fund and the RTA reabeyance or reject, pen	ce with new name  orm, with following do  name / Photo identiti  bivorce Deed / Gazett  s for verification, if co  eserve the right to ca  ding fulfilment of suc	ocuments (OR full KYC to ty proof for PAN exempt ca ted copy of name change, opies are not attested by N till the customer for any ad th requirements.	pe done with all documents, if KYC not do uses. [Self attested] and copies duly attested. otary/Gazetted Officers/ Bank Managers/li ditional documents or in-person verificatio	ne earlier): ndian Embassy/Consulate General. n and keep this request or any other transact								
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Collection centre's stamp with date and time of receipt



## Banker Attestation of Customer's signature updation, Bank Account Details and Customer Address as per bank records

<If provided on Bank's Letter Head, all details as mentioned below should be available>

## TO WHOMSOEVER IT MAY CONCERN

this is to certify that																												
○ Mr. ○ Ms.																												
S/o or D/o:																												
Residing at address (should match with mutual fund folio/s address)																												
PAN (as per bank records)																												
If PAN is not available or upon the above person is holding													vith b	ank c	letail	s in t	he fo	lio)							pa photo	asspo	ca recort size and s	
Bank Name																												
Branch Name																												
Bank A/C No													T	$\top$														
A/C type [Please shade (●)]	0.5	Saving	18		Cui	rrent			NRE			0 N	NRO			FC	NR			Oth	ers							
MICR Code											SC C				T													
Date of Bank Account Openi	ng	D	D	M	M	Υ	Y	Υ	Υ																			
Name and Signature of the above mentioned A/c holder as per Bank's records	<b>3</b>																											
Attestation of signature by t	he ba	ank:																										
Above signature(s) of Mr/ Ms										,									_, _							i:	s/ are a	attested:
Name of the authorized signa																												
Designation:																												
Employee Code:																												
Name of the bank:																					-							
Branch:																					_							
Bank branch email ID:																					-	Sign					d signa	atory
Bank branch contact number	:																				-		W	ith Se	eal of	the ba	ınk	
Date: D D M M Y	Y	YF	Place:																									

Please address all future communication(s) in connection with this application to the Registrar & Transfer Agent of the Scheme:

Computer Age Management Services Pvt. Ltd.,

Unit: Union Mutual Fund

158, Rayala Tower 1, 1st Floor, Anna Salai, Chennai - 600002.

Email: enq\_uk@camsonline.com | Website: www.camsonline.com



Unit 503, 5th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400059.

Toll Free: 1800 200 2268/1800 572 2268 | Tel No.: 022 67483333

Website: www.unionmf.com | Email: investorcare@unionmf.com

