

## ARN-4464 E032737 VIKRAM S. BAGADTHEY **Request for update of 'Minor attaining Majority' Status**

Folio No.(s)							
Investor Name							
This has the reference to my/our investments in the captioned folio(s) in your Fund made when I was minor and same was represented by							
(Guardian Name). As I have attained age of 18 years as on, I request you to change my status in the folio and remove the guardian name and also update the following details in your records for the above mentioned Folio:							
<b>Investor Details</b>							
PAN / PEKRN				Nationality			
Date of Birth		D D - M M - Y Y Y Y KYC Compliance Proof attached					
E-mail							
Mobile No.							
Telephone (Res.)			Telephone (Off.)				
	ress: (New Addre	ess to be updated	from KYC letter attached or p	provide below if KYC is still	in progress.)		
Address line 1							
Address line 2							
City			Pin Code	State			
			ICANT (The bank account detail	ils provided below will be held	on record and considered as		
default bank mandate to							
NOTE: Please attach de	ocumentary proo	t as listed overlea	at.				
Bank Name							
Branch Name				D 1 00			
Bank Account No.				Bank City			
MICR				IFSC			
Bank Account Type	)	vings Curi	rent NRI-NRO N	RI-NRE FCNR	) Others <u>please specify</u>		
NOMINATION DETAIL		not wish to Nomin					
Sole Applicant OR							
_	-		OR				
☐ I/We wish to nomi	inate as under:	Date of Rirth		Signature of Nominee	Proportion (%) in		
☐ I/We wish to nomi	inate as under:  Relationship	Date of Birth	Name and Address of	Signature of Nominee	Proportion (%) in which the units will		
☐ I/We wish to nomi	inate as under:		Name and Address of Guardian	Signature of Nominee (Optional)/ Guardian of Nominee	Proportion (%) in which the units will be shared by each		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/	which the units will		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian	(Optional)/ Guardian of Nominee	which the units will be shared by each		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	nate as under:  Relationship with		Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
☐ I/We wish to nomi    Name and   Address of	inate as under:  Relationship with Applicant	(to be furnish	Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
□ I/We wish to nomi  Name and Address of Nominee(s)  ADDITIONAL KYC INI	inate as under:  Relationship with Applicant  FORMATION (Ma	(to be furnish	Name and Address of Guardian ed in case the Nominee is	(Optional)/ Guardian of Nominee	which the units will be shared by each Nominee (should		
I/We wish to noming Name and Address of Nominee(s)  ADDITIONAL KYC INITIONAL STATES ADDITIONAL STATES	inate as under:  Relationship with Applicant  FORMATION (Mae Applicant [Ple	(to be furnish  andatory) ase tick (√)]	Name and Address of Guardian ed in case the Nominee is a minor)	(Optional)/ Guardian of Nominee (Mandatory)	which the units will be shared by each Nominee (should aggregate to 100%)		
□ I/We wish to nomi  Name and Address of Nominee(s)  ADDITIONAL KYC INI  a. Status of First/ Solo  □ Resident Individual	inate as under:  Relationship with Applicant  FORMATION (Mae Applicant [Ple	(to be furnish  andatory) ase tick (√)]	Name and Address of Guardian ed in case the Nominee is a minor)	(Optional)/ Guardian of Nominee (Mandatory)	which the units will be shared by each Nominee (should aggregate to 100%)		
□ I/We wish to nomi  Name and Address of Nominee(s)  ADDITIONAL KYC INF a. Status of First/ Solo □ Resident Individual □ FPI □ Others_	FORMATION (Mae Applicant   NRI-Repatr	ndatory) ase tick (√)]	Name and Address of Guardian  ed in case the Nominee is a minor)  □ Individual  Ion Repatriation □ PIO	(Optional)/ Guardian of Nominee (Mandatory)   Foreign National Residen	which the units will be shared by each Nominee (should aggregate to 100%)		
□ I/We wish to nomi  Name and Address of Nominee(s)  ADDITIONAL KYC INI a. Status of First/ Solo □ Resident Individual □ FPI □ Others_ b. Occupation Details	FORMATION (Mage Applicant   NRI-Repatr	andatory) ase tick ( ) ] riation	Name and Address of Guardian  ed in case the Nominee is a minor)  Individual  Ion Repatriation  PIO	(Optional)/ Guardian of Nominee (Mandatory)  Foreign National Resident Sector Government Ser	which the units will be shared by each Nominee (should aggregate to 100%)  Int in India		
□ I/We wish to nomi  Name and Address of Nominee(s)  ADDITIONAL KYC INF a. Status of First/ Sole □ Resident Individual □ FPI □ Others_  b. Occupation Details □ Professional □ Ho	FORMATION (Mae Applicant   NRI-Repatr	andatory) ase tick (✓)] riation □ NRI-N □ □ Service □	Name and Address of Guardian  ed in case the Nominee is a minor)  □ Individual Ion Repatriation □ PIO □ □ Private Sector □ Public Sector □ Prop	(Optional)/ Guardian of Nominee (Mandatory)  □ Foreign National Resident Sector □ Government Ser	which the units will be shared by each Nominee (should aggregate to 100%)  Int in India  Twice   Student  (Please specfy)		
□ I/We wish to noming Name and Address of Nominee(s)  ADDITIONAL KYC INITIONAL KYC IN	FORMATION (Mae Applicant   NRI-Repatr	andatory) ase tick (✓)] riation □ NRI-N □ □ Service □	Name and Address of Guardian  ed in case the Nominee is a minor)  Individual  Ion Repatriation  PIO	(Optional)/ Guardian of Nominee (Mandatory)  □ Foreign National Resident Sector □ Government Ser	which the units will be shared by each Nominee (should aggregate to 100%)  Int in India  Twice   Student  (Please specfy)		
□ I/We wish to noming Name and Address of Nominee(s)  ADDITIONAL KYC INITIONAL KYC IN	FORMATION (Mate Applicant   NRI-Repatron   NRI-Repatron (Mate Applicant   Please   Signature   Please   Please   Busine (Rs.)   Please   P	andatory) ase tick (✓)] riation □ NRI-N □ Service □ tiness □ Retire	Name and Address of Guardian  ed in case the Nominee is a minor)  □ Individual Ion Repatriation □ PIO □ □ Private Sector □ Public Sector □ Prop	Guardian of Nominee (Mandatory)  □ Foreign National Resident  Sector □ Government Servicetorship □ Others □  5 - 10 Lacs □ 10 - 25 Lace	which the units will be shared by each Nominee (should aggregate to 100%)  Int in India  Twice		
□ I/We wish to noming Name and Address of Nominee(s)  ADDITIONAL KYC INITIONAL KYC IN	FORMATION (Mate Applicant   NRI-Repatron   NRI-Repatron (Mate Applicant   Please   Signature   Please   Please   Busine (Rs.)   Please   P	andatory) ase tick (✓)] riation □ NRI-N □ Service □ tiness □ Retire	Name and Address of Guardian  ed in case the Nominee is a minor)  □ Individual Ion Repatriation □ PIO □ □ Private Sector □ Public Sector □ Prop	(Optional)/ Guardian of Nominee (Mandatory)  □ Foreign National Resident Sector □ Government Ser	which the units will be shared by each Nominee (should aggregate to 100%)  Int in India  Twice		

## ARN-4464 E032737 VIKRAM S. BAGADTHEY

FATCA & CRS INFORMATION								
The below information is required for all applicant(s)/ guardian								
Address Type:  Residential or Business Residential Business Registered Office (for address mentioned in form/existing								
address appearing in Folio) Is the applicant(s)/ guardian's Country of Birth / Citizenship / Nationality / Tax Residency other than India?   Yes □ No								
If Yes, please provide the following information [mandatory]								
Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below								
Category	Unit	Holder						
Place/ City of Birth								
Country of Birth								
Country of Tax Residency# Tax Payer Ref. ID No^								
Identification Type [TIN or other, please s								
Country of Tax Residency 2								
Tax Payer Ref. ID No. 2								
Identification Type [TIN or other, please s								
Country of Tax Residency 3								
Tax Payer Ref. ID No. 3								
Identification Type [TIN or other, please s #To also include USA, where the individual		FIISA ^In case Tay Identificati	on Number is not available, kindly					
provide its functional equivalent.	is a citizenty green card noticer of	OSA. III case Tax Identificati	on Number is not available, kindly					
p. c								
DECLARATION & SIGNATURE								
1) I/We am/are not prohibited from acces	sing capital markets under any	order/ruling/judgment etc.,	Specimen signature of the Unit					
of any regulation, including SEBI. I/We ha	ormation requirements and	holder						
the Terms and Conditions mentioned in thi			who has attained Majority:					
Act ("FATCA") and Common Reporting Star								
that, the information provided by me/us in supported by the documentary evidence /								
hereby agree and undertake to intimate								
modification to the above mentioned information. I/We further agree to abide by all the Terms and								
Conditions and the Provisions of the Schem								
2) For Foreign Nationals Resident in In								
before I/We change my/our Indian reside								
(including taxation) arising out of the failure to redeem on account of change in residential status.  3) For NRIs/ PIO/OCIs only: I/We confirm that my application is in compliance with applicable Indian								
and foreign laws. Please ( $\checkmark$ ) $\square$ Yes $\square$ No If Yes, ( $\checkmark$ ) $\square$ Repatriation basis $\square$ Non-repatriation basis								
In support of my current signature:		•	C:					
$\square$ I am submitting this request during a p	ersonal visit to your Investor Se	ervice Centre along with my	Signature of parent / guardian					
original PAN / Passport	ersonar visit to your investor se	ivice dentile along with my						
OR								
$\square$ Parent / Guardian (registered in the folio								
OR								
SIGNATURE VERIFICATION BY BANK								
N. C.1 1 1 CC 1			Signature of bank official with					
Name of the bank official			Bank's seal					
Name of the bank								
Bank Account Number								
Designation								
Employee Code Contact number								
COTTACT HUMBET								
FOR OFFICE USE ONLY	Signature							
	Attestation by AMC / CAMS official: I have verified the above signature against the PAN / Passport of the							
unit holder and the signature has been mad	e in my presence							
Name								
Designation								
Employee Code HISC/CISC								
11130/0130			<u> </u>					
Mandatory Documents to be enclosed:								

- KYC acknowledgement copy, date should be on or after completion of 18 years of age
- Age Proof Birth Certificate / School Leaving certificate / Mark sheet Issued by higher Secondary School of respective states, ICSE, CBSE, etc. / Passport of the Minor / PAN card copy / Any other suitable proof issued by Government Authorities
- For the existing / new bank account
  - Cancelled Cheque with Name & Account number printed on it.
  - Copy of the Bank Pass book / Bank Statement showing A/c holder Name and A/c No., duly attested by the Bank Manager where the above mentioned bank account is maintained.

Note: The above documents should be either in original or copy to be submitted along with original shown for verification.