

# POWER OF ATTORNEY REGISTRATION/ CANCELLATION/ MODIFICATION FORM

ARN-4464

E032737 VIKRAM S. BAGADTHEY

<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> CANCELLATION	<input type="checkbox"/> MODIFICATION	Time Stamping
I/We, the undersigned, hereby submit the request to register Power of Attorney (POA) as per the below given details.			

UNIT HOLDER INFORMATION									
<b>MANDATORY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Folio No.</td> <td style="width:45%;"></td> <td style="width:30%;">KYC compliance status (Please (✓))</td> <td style="width:10%;"><input type="checkbox"/> 1st Applicant</td> </tr> <tr> <td>First/Sole Holder</td> <td colspan="3"></td> </tr> </table>	Folio No.		KYC compliance status (Please (✓))	<input type="checkbox"/> 1st Applicant	First/Sole Holder			
Folio No.		KYC compliance status (Please (✓))	<input type="checkbox"/> 1st Applicant						
First/Sole Holder									

OLD POA HOLDER DETAILS	NEW POA HOLDER DETAILS
POA Holder Name	POA Holder Name
PAN/PEKRN	PAN/PEKRN
KYC ID (KIN)	KYC ID (KIN)
Relationship with the unitholder	Relationship with the unitholder
CONTACT DETAILS	CONTACT DETAILS
Office No.	Office No.
Mobile No.	Mobile No.
Email ID	Email ID

DOCUMENT TO BE ENCLOSED.								
Sr. No.	Documents	Tick (✓)						
1.	Notarised copy of the POA agreement dated <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	<input type="checkbox"/>
D	D	M	M	Y	Y			
2.	KYC of the POA holders	<input type="checkbox"/>						
3.	Any other, please specify _____	<input type="checkbox"/>						

**IMPORTANT INSTRUCTIONS**

- i. ONLY in case of Modification, BOTH Old and New POA detail sections are to be filled.
- ii. POA holder signature ONLY to be provided for Modification and New Registration cases.
- iii. Signature of unit holder to be provided as per holding status for successful registration of request.
- iv. IDFC AMC/ Fund may call for additional documents if required.
- v. In case of non-submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to reject the application.

Alterations if any should be countersigned.

SIGNATURE(S)			
Signature of POA Holder			
<b>SIGN HERE</b>	POA Holder Signature		
Signature of Unitholder			
<b>SIGN HERE</b>	First / Sole holder Signature	Second holder Signature	Third holder Signature