

# REQUEST FORM FOR CHANGE OF STATUS (MINOR TO MAJOR)

<b>PAN / PEKRN (Mandatory)</b> <input style="width:95%;" type="text"/>	<b>Folio No</b> <input style="width:95%;" type="text"/>
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This is to inform you that I, the Unitholder in the above mentioned folio, have attained the age of majority and you are requested to transfer all the unit holding in my name and remove Guardian Name. Also update the following details in your records and confirm the same.

<b>Name (Name and Date of Birth as per PAN)</b> <input style="width:95%;" type="text"/>		<input type="checkbox"/> KYC Acknowledgement (Enclosed)
<b>Guardian's Name</b> <input style="width:95%;" type="text"/> (mandatory if PAN not provided)		
<b>Gender</b> <input style="width:20%;" type="text"/>	<b>Date of Birth</b> <input style="width:5%; text-align:center" type="text"/> D <input style="width:5%; text-align:center" type="text"/> D <input style="width:5%; text-align:center" type="text"/> M <input style="width:5%; text-align:center" type="text"/> M <input style="width:5%; text-align:center" type="text"/> Y <input style="width:5%; text-align:center" type="text"/> Y <input style="width:5%; text-align:center" type="text"/> Y <input style="width:5%; text-align:center" type="text"/> Y	<b>Place of Birth</b> <input style="width:50%;" type="text"/>
<b>Country of Birth</b> <input style="width:20%;" type="text"/>	<b>Nationality</b> <input style="width:30%;" type="text"/>	<b>Tax Status</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Individual
<b>Mobile No.</b> <input style="width:100%;" type="text"/>		
<b>Mobile No belongs to:-</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA		
<b>Email ID</b> <input style="width:95%;" type="text"/>		
<b>Email id belongs to:-</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA		
<b>Type of Address given at KRA</b> <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
<b>Occupation Details [Please tick (✓)]</b> <input type="checkbox"/> Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Retired <input type="checkbox"/> Agriculture <input type="checkbox"/> Proprietorship <input type="checkbox"/> Others _____ (Please specify)		
<b>Gross Annual Income (₹) [Please tick (✓)]</b> <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 - 1 Crore <input type="checkbox"/> > 1 Crore		
<b>Politically Exposed Person (PEP) Status*</b> <input type="checkbox"/> I am PEP <input type="checkbox"/> I am Related to PEP <input type="checkbox"/> Not Applicable		

\*PEP are defined as individuals who are or have been entrusted with prominent public functions in foreign country, e.g. Heads of State or of Governments, senior politicians, senior Government / judicial / military officers, senior executives of state owned corporations, important political party officials etc.

### BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to provide their bank account details)

<b>Account Number</b> <input style="width:95%;" type="text"/>	
<b>Account Type [Please tick (✓)]</b> <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ (please specify)	
<b>Name of the Bank</b> <input style="width:95%;" type="text"/>	
<b>Branch Name</b> <input style="width:60%;" type="text"/>	<b>Branch City</b> <input style="width:35%;" type="text"/>
<b>IFSC Code</b> <input style="width:15%; text-align:center" type="text"/> 11 digit <input style="width:15%; text-align:center" type="text"/>	<b>MICR Code</b> <input style="width:15%; text-align:center" type="text"/> 9 digit <input style="width:15%; text-align:center" type="text"/>

### NOMINATION DETAILS I/We wish to nominate I/We do not wish to nominate<sup>ss</sup> I want the details of my/our nominee to be printed in the statement of account Name of Nominee(s) with% Nomination: Yes / No (Default)

Nominee Name*	Nominee Address**	Mobile no**	Email ID**	Allocation* (Total 100%)
Nominee 1				
Nominee 2				
Nominee 3				

(a) \*Mandatory (b) Other Details (Guardian details to be furnished in case nominee is a minor) (c) \*\*For identification details investor can provide PAN, Aadhaar (Last 4 digit), Driving license or Passport (d) \$ If Nominee's Address, Mobile no and Email id is same as that of the investor please write 'Same as investor'.

Nominee 1	Identification Details**	Relationship with investor*	Guardian Name (In case of Minor)	DOB in case of Minor
Nominee 2	Identification Details**	Relationship with investor*	Guardian Name (In case of Minor)	DOB in case of Minor
Nominee 3	Identification Details**	Relationship with investor*	Guardian Name (In case of Minor)	DOB in case of Minor

<sup>ss</sup>OPT-OUT: I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in my / our folio.

<b>Sign here</b>	Signature of First Holder (Major)
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Continued overleaf

## ACKNOWLEDGEMENT

<b>Folio No</b> <input style="width:95%;" type="text"/>
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We acknowledge the receipt of the request for change of status from Minor to Major from Mr. / Ms. / M/s.

Date of receipt of CAMS CSC  D  D  M  M  Y  Y  Y  Y

stamp & signature

**FATCA & CRS INFORMATION [Please tick (✓)]. For Individual & HUF (Mandatory)**

The below information is required for all applicants / 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.

Sr. No.	Country of Tax Residency#	Tax Payer Identification Number <sup>A</sup>	Identification Type [TIN or other, please specify]
1.			
2.			
3.			

# To also include USA, where the individual is the citizen / green card holder of USA. <sup>A</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

**DECLARATION**

I/We have read and understood the contents of the ISID of the Investment strategy of Arudha SIF. I/We hereby apply for units of the said such Investment strategy and agree to abide by the terms, conditions, rules and regulations governing the Investment strategy. I/We hereby declare that the amount invested in the Investment strategy is through legitimate sources only and does not involve and is not designed for the contravention of any provisions of the Income Tax Act, Anti Money Laundering Laws or any other applicable laws enacted by the Government of India from time to time. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of Arudha SIF. The information given in / with this application form is true and correct and further agrees to furnish additional information sought by the Arudha SIF and undertake to update the information/details with the AMC / Arudha SIF/ Registrars and Transfer Agent (RTA) from time to time. I/We hereby confirm that the AMC/Arudha SIF shall have the right to share my information and other details with the regulatory and government authorities as and when needed. I/We will indemnify Arudha SIF, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. I/We further declare that "The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different investment strategy of various SIF Arudha SIFs from amongst which the Investment strategy is being recommended to me/us. I/We hereby confirm that I/We have not been offered/ communicated any indicative portfolio and/ or any indicative yield by the Arudha SIF/AMC/its distributor for this investment. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions RIA: I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. Applicable to Investors availing the online facility: I/We have read, understood and shall be bound by the terms & conditions RIA: I/We have understood the information requirements of this Form (read along with the FATCA& CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I/We also confirm that I / We have read and understood the FATCA& CRS Terms and Conditions and hereby accept the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future & also undertake to provide any other additional information as may be required at your end.

**SIGNATURE**

Signature of First Holder (Major)	Guardian Attestation	Bank Attestation
Name	Registered Guardian's Name	Branch Seal with attester's name, designation and employee number

OR

**INSTRUCTIONS**

- The documents submitted with this request should reflect the Name of the Sole / First Unit holder, Bank Name, Bank Account Number, MICR Code, IFSC and the Bank Account Type clearly.
- The last entry in the Bank Passbook / Bank Statement should not be more than 3 months old.
- A copy of any of the above documents can be submitted provided the original is shown at the ISC counter for verification.
- Self attested KYC acknowledgment copy. (Date of the letter & KYC acknowledgment should be after the date of attaining majority).
- New bank account details cannot be submitted for updation, in case redemption is requested with this request.
- Applicant's name and date of birth should be as per PAN.

**CHECKLIST**

Sr. No.	Documents	Status [Please (✓)]
1.	Document proof for bank account (any one of the following) : A. Cancelled original cheque leaf (reflecting name and account number) B. Photocopy of cheque leaf (reflecting name and account number) accompanied with the original cheque leaf for verification at the offices of Bandhan AMC Limited C. Bank passbook or bank account statement (certified by the bank manager) D. Letter from the bank for the new bank account / Passbook.	<input type="checkbox"/>
2.	New bank account proposed to be registered (reflecting name and account number)	<input type="checkbox"/>
3.	KYC acknowledgement letter	<input type="checkbox"/>
4.	Attested age proof	<input type="checkbox"/>
5.	Declarations for investors who are US persons (if applicable)	<input type="checkbox"/>

**Toll free 1800 266 6688 / 1800 300 66688**  
Available Between  
9:00 am - 6:00 pm on weekdays

Please note our investor  
service email id  
**investormf@bandhanamc.com**

<https://arudhasif.com/>