POWER OF ATTORNEY REGISTRATION/ CANCELLATION/ MODIFICATION FORM

Arudha SIF
by Bandhan Mutual Fund

☐ REGISTRATION ☐ CANCELLATION ☐ 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

MANDATORY

Folio No.		KYC compliance status (Please (✓))	☐ 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 Office No.		CONTACT DETAILS 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 D D M M Y Y	☐
2.	KYC of the POA holders	☐
3.	Any other, please specify _____	☐

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. Bandhan AMC Limited may call for additional document 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.
vi. Alterations if any should be countersigned.

SIGNATURE(S)

Signature of POA Holder

SIGN HERE — POA Holder Signature

Signature of Unitholder

SIGN HERE — First / Sole holder Signature | Second holder Signature | Third holder Signature