

Form No. D

For Nomination by ARMFA

To

The AMC

ARMFA Details

Name : _____

ARN Code : _____

Address : _____

Dear Sir,

I/we _____ do hereby nominate the following person in whom on my/our death, the amount payable to me/us in respect of the commission pertaining to the units canvassed by me/us specified below shall vest and to whom such amount shall then be payable.

NOMINEE: Shri/Smt/Kumari _____

Signature : _____

Address: _____

*(Date of birth, if minor) _____

* The above nominee is a minor whose guardian's name, signature and address are as under.

Guardian : Shri/Smt _____

Signature _____

Address : _____

*This nomination is in substitution of the nomination dated _____ and registered in your books which nomination shall stand cancelled on registration of this nomination.

(Delete/strike off if not applicable)

Place:

Signature of Distributor

Date:

(For AMC use only)

Signature verified:

Signature of authorized person:

Objection if any:

Nomination verified _____