

Name & ARN Code / RIA Code# / PMRN	Sub-Broker ARN Code	Sub-Broker Code	Employee Unique Identification No.*	TIME STAMP HERE
------------------------------------	---------------------	-----------------	-------------------------------------	-----------------

*Purpose of EUIN is to capture the identification of the sales person/employee/relationship manager of the distributor interacting with the investor, irrespective of whether the transaction is "Execution only" or "Advisory". However, in case of any exceptional cases where there is no such interaction, the investor can keep EUIN box blank and sign the following declaration; I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. #/ We hereby give my/ our consent to share/ provide transaction data feed/ unit holding in respect of my/ our investments under Direct Plan to the above mentioned RIA.

1st Holder/Guardian/POA Holder
Authorized Signatory

Folio No

Request For (Please ✓): ☐ Change of Signature ☐ Change of Name

Change For ☐ Sole/First Unit Holder ☐ Second Unit Holder ☐ Third Unit Holder

PAN No. of holder requesting change

Give details below:

Signature	Old	New
	Signature if applicable	Sign Here
Name	Old name for records	New name for records

Reason for change:

Signature as per mode of holding:

Signature of 1st/Sole holder	Signature of 2nd holder	Signature of 3rd holder
Name of 1st/Sole holder	Name of 2nd holder	Name of 3rd holder

Mandatory documents (to be enclosed)

Change of Signature: 1. ☐ In-Person Verification (IPV) at CAMS/JBLKAMC Offices. 2. ☐ PAN card copy / Attested photo identity proof for PAN exempt cases. [Self attested]. Bring original for verification.	Change of Name: 1. ☐ KYC – KRA Acknowledgement with New Name, OR 2. ☐ KYC Change Details Form, with following documents (OR full KYC to be done with all documents, if KYC not done earlier): ☐ PAN card copy in New name / Photo identity proof for PAN exempt cases. [Self attested] ☐ Marriage Certificate / Divorce Deed / Gazetted copy of name change, copies duly attested. ☐ Bring original for verification.
---	--

Received, subject to verification and without prejudice, request for updation of new names / signatures in:

Name of the Sole/First Unit Holder

Folio No/s

ISC Stamp & Signature

IPV Section (In-Person Verification) for Change of Signature

Checklist: ☐ IPV done for ☐ Client verification In Person with PAN Card/Photo Identification Proof ☐ PAN Card/Photo Identification Proof verified with original ☐ Signed on copies in official's presence	IPV done by: Name: Designation: Organization: Employee No: Location: Date of IPV:
---	---

- The fund and the RTA reserve a right to call the customer for any additional documents or in-person verification and keep this request or any other transaction in abeyance or reject, pending fulfilment of such requirements.
- Please allow upto seven business days for updation of the new signature before submitting a redemption/any other request.

Annexure 1a

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

{To be issued on the Bank's Letter Head
OR
This form itself with Bank Official's name and Employee code

Date

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms

is a customer of our bank, namely, Name of the bank Branch

having the following Bank Account:

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ NRNR ☐ Others (Pl. specify)

9-Digit MICR No. 11 Digit IFSC

His/her address, as per our Bank records, is as follows:

City State

Country Pincode

Signature Verification by Bankers

Signature of the above customer in
the box alongside, verified & validated
with his/her specimen signature as
per Bank's records

Signature of the client

Signature of the bank official
with Bank's Seal

Name* of the attesting Bank Official

Designation* Employee Code* Telephone Number*

* Mandatory