

Application No:

Date:

## 1. BROKER'S INFORMATION (Mandatory)

Broker code ARN -  EUIN -  Empanelment Date

NAME<sup>A</sup> Mr. / Ms. / M/s.  FIRST  MIDDLE  LAST

## 2. CHANGE OF BANK MANDATE/MODE OF PAYMENT Mandatory to attach proof

Name of Bank  Bank Branch

Account No.  Account Type . Type (✓)  Savings  Current  NRO  NRE  FCNR

Branch City  PIN         IFSC Code            MICR Code  9 Digit For Credit via NEFT

Document Attached \*  Cancelled Cheque

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

## 3. NEW CONTACT DETAILS

Mobile No.  Tel.:  Email ID:

Mobile No. provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

Email ID provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

## 4. REGISTRATION/CHANGE/MODIFICATION OF NOMINATION (For Individuals / Sole Proprietors Only)

REGISTRATION  CHANGE/MODIFICATION

I do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death

Nominee Name

Relationship

Guardian Name (If Nominee is Minor)

Nominee's Date of Birth If Nominee is Minor

Address of Nominee's/Guardian's (if nominee is minor)

City/ Town  State  Country  Pin Code

Mobile No.  Tel.:  Email ID:

Mobile No. provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

Email ID provided pertains to  Self  Spouse  Dependent children  Dependent Siblings  Dependent Parents  A Guardian in case of a minor

Note: The nominee of individual Distributor will receive trail brokerage/commission on business done before the demise of the Distributor holding ARN card. The nominee will not be entitled for any brokerage/commission on SIP (Systematic Investment Plan) installments post demise of Distributor. In case of any payment made between the period of actual date of demise and date of intimation of demise, the amount paid shall be recoverable from the nominee/ individual Distributor.

## 5. ARN RENEWAL

ARN Renewal Period         To

Enclosed (Please Tick)

## 6. SIGNATURE

I/We hereby declare that the information furnished herein is complete and correct in all respects and we shall forthwith communicate any change in the information furnished to the AMC. I/We undertake to abide by such guidelines, code of conduct and other circulars issued by SEBI and/or AMFI that may be applicable to me/us, and the terms and conditions stated in the empanelment form as amended from time to time. I/We are neither an employee of Union Asset Management nor a relative of any Director/Employee of the AMC/Sponsor or any of its associates.

SIGN HERE 

Date:

ARN No.:

Received From Mr/Ms/M/s:

Change in Bank Mandate  Contact Details  Nomination  ARN RENEWAL

Time Stamp & Date  
of receiving office