

PPFAS MUTUAL FUND
Request for change in status from Minor to Major

To:
The Trustees
PPFAS Mutual Fund

Form MAM

Name of the Applicant (unitholder who is requesting for change of status from MINOR to MAJOR)

Mr./Ms.										
Date of Birth			/			/			PAN	
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)										
<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached <input type="checkbox"/> C-KYC Identification No.										
<i>Please tick ✓ whichever is applicable</i>										
Name of the Guardian Mr./Ms. _____										
Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian										

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

Folio No(s).		
1)	2)	3)
4)	5)	6)
7)	8)	9)

Contact details of the Applicant

Mob. No.

Mobile No. provided pertains to Self Spouse Dependent Parents Dependent Children Dependent Siblings

Guardian PMS Custodian POA

Email id.

Email id. provided pertains to Self Spouse Dependent Parents Dependent Children Dependent Siblings

Guardian PMS Custodian POA

Address of the Applicant

Address Line 1		
Address Line 2		
City:	State	PIN <input type="text"/>

(Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)

Bank Account Details of the Applicant

Bank Name	
Account No.	11-digit IFSC
A/c. Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN
<i>Please attach & tick ✓ <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook</i>	

Additional KYC information (Please tick ✓ whichever is applicable)

Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional
<input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)
The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
Gross Annual Income (₹) <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-1crore <input type="checkbox"/> >1 crore

FATCA and CRS information

Country of Birth _____	Place of Birth _____	
Nationality _____		
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type




Nomination (Please tick (✓) one of the options below)

<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the Nomination Form attached herewith, to receive the Units held my folio in the event of my death. <i>{Recommended}</i>

NOMINATION DETAILS Individuals (single or joint applicant) are advised to avail Nomination facility.

<input type="checkbox"/> Declaration Form for opting out of nomination

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 heir would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

 1 st holder Sign	 2 nd holder Sign	 3 rd holder Sign
--	--	--

Declaration and Signature of the Applicant

I have attached herewith all the relevant / required documents as indicated below.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by the Guardian on record My bankers Notary / JMFC

