

**Nomination Form by Mutual Fund Distributors** (For Individuals/ Sole Proprietors only)

To

PPFAS Mutual Fund

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir / Ma'am,

I,

Distributor Name:
ARN:
Address:
Contact No -
Email ID -

\_\_\_\_\_ 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 Details**

\*Full Name: Shri/Smt/Kumari \_\_\_\_\_

\*Complete Address: \_\_\_\_\_

\* Date of birth: \_\_\_\_\_ (DD/MM/YYYY)

Relationship of Distributor with Nominee \_\_\_\_\_

Signature of Nominee \_\_\_\_\_

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

Guardian Name: Shri/Smt \_\_\_\_\_

Complete Address: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Distributor**

\* *Mandatory*

# *Delete / Strike off if not applicable*

(For AMC use only)

Signature verified:

Signature of authorized person:

Objections if any:

Nomination verified \_\_\_\_\_