

Form for Nomination/ Cancellation of Nomination/ Re-nomination after cancellation of existing nomination

Application No.

(To be filled in by Individual(s) applying singly or jointly) (Please read the instructions overleaf)

To,
Computer Age Management Services Pvt. Ltd.,
 148, Old Mahabalipuram Road
 Okkiyam Thuraipakkam
 Chennai - 600 097

 Date:

D	D	M	M	Y	Y	Y	Y
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Dear Sir,

- I/We, the undersigned, confirm that I/we do not wish to opt for the nomination facility for the investments made in the folio/ Application no. _____
- I/We, the undersigned, nominate the person(s) more particularly described hereunder to whom the units standing to my/our credit in the folio/ Application no. _____ can be transferred by IDFC AMC Ltd in the event of my / our death.
- I/We, the undersigned, wish to cancel the nomination made by me / us in favour of _____ in respect of the units standing to my/our credit in the folio/ Application no. _____.
- I/We, the undersigned, wish to cancel the nomination made by me / us in favour of _____ in respect of the units standing to my/our credit in the folio/ Application no. _____ and nominate the person(s) more particularly described hereunder to whom the said units can be transferred by IDFC AMC Ltd in the event of my / our death.

(Please tick the appropriate box above)

Particulars	Nomination Details																										
	Nominee 1	Nominee 2	Nominee 3																								
Name and address of the nominee	_____ _____ _____	_____ _____ _____	_____ _____ _____																								
Relationship with investor	_____	_____	_____																								
Date of birth (mandatory in case of minor)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
Proof of minor DOB submitted (Optional)	<input type="checkbox"/> Yes _____ Specify nature of the document <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ Specify nature of the document <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ Specify nature of the document <input type="checkbox"/> No																								
Name and address of the Guardian (in case the nominee is minor)*	_____ _____ _____	_____ _____ _____	_____ _____ _____																								
Specimen Signature of Nominee/ Guardian (optional)	_____ _____	_____ _____	_____ _____																								
Percentage of Allocation/Share	_____	_____	_____																								

* As the nominee is a minor as on date, I/we appoint the person named above as the guardian to receive the units on behalf of the nominee, in the event of my/our death during the minority of the nominee. I/We have read the rules and instructions overleaf on nomination specified herein and I/We hereby confirm to comply and adhere to such rules or any amendments that may be made from time to time. I/We understand that all payments and settlements made to Nominee(s) and Signature(s) acknowledging receipt there of shall be valid discharge of duty and responsibility by IDFC AMC/Trustees/Mutual

Unitholder (s) (To be signed by all joint holders, even if the mode of holding is not 'Joint')

Name: _____	Name: _____	Name: _____
First Unitholder Signature	Second Unitholder Signature	Third Unitholder Signature

Witnesses (could be the same for all unit holders)

Name: _____	Name: _____	Name: _____
First Witness Signature	Second Witness Signature	Third Witness Signature