

## Form No. D

### Nomination Form by ARMFA (For Individuals/ Sole Proprietors only)

To \_\_\_\_\_ (AMC)  
\_\_\_\_\_  
\_\_\_\_\_

#### \*ARMFA Details

Name: \_\_\_\_\_

ARN Code: \_\_\_\_\_

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

Dear Sir / Ma'am,

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 Details

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

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

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

Contact No.: \_\_\_\_\_ E-mail id: \_\_\_\_\_

# 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 \_\_\_\_\_