

APPLICATION FORM FOR MOBILE NUMBER / EMAIL ID UPDATION FORM



FOLIO DETAILS

Folio Number	<input type="text"/>	First/ Sole Holder PAN	<input type="text"/>
First Holder Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder 1, Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Joint Holder 2, Name	<input type="text"/>	<input type="text"/>	<input type="text"/>

UPDATION / CHANGE OF CONTACT DETAILS

Mobile Number	<input type="text"/>	Tel. No. STD Code	<input type="text"/>	Office	<input type="text"/>	Residence	<input type="text"/>
Mobile No. provided pertains to	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS						
Email ID (CAPITAL letters only)	<input type="text"/>						
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS						
Mobile Number	<input type="text"/>	Tel. No. STD Code	<input type="text"/>	Office	<input type="text"/>	Residence	<input type="text"/>
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Email ID (CAPITAL letters only)	<input type="text"/>						
	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Guardian <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS						

UNIT HOLDER(S) SIGNATURE(S) & DECLARATION

I/We hereby declare that the details furnished above are true & correct to the best of my knowledge and undertake to inform Bajaj Finserv AMC of any changes therein immediately, and I/we approve the usage of these contact details for any communication with Bajaj Finserv AMC. Please note all kinds of investor communication, Transaction Information, Statement of Account, Annual Report and other kind of communication will be sent through email only instead of physical, for investors who provide their email address.

SIGNATURE(S)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of Sole/ First Unit-holder	Signature of Second Unit-holder	Signature of Third Unit-holder

(To be signed by all unit-holders if mode of holding is joint)

1101A and 1101B, 11th Floor, Sky One Corporate Park - Tower 1, Pune, Survey No. 239/2, Sunset Blvd MHADA Colony, Lohegaon, Pune - 411032

1800 309 3900 (Toll-free), Fax : 020 - 6767 2550 service@bajajamc.com https://www.bajajamc.com

ACKNOWLEDGEMENT SLIP

(To be filled by Applicant)

Date

Investors Name

Folio Number

Please retain this Acknowledgement Slip for future reference

Official Acceptance Point Stamp & Sign