

MUTUAL FUND
Request for change in status from Minor to Major

To:
The Trustees

_____ **Mutual Fund**

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

Mobile No.+91	Tel. No. STD -
Mobile Number specified above belongs to self or family, due to investor being (please tick any one option below) <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 (for minor investment) <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	
Email Address: _____	
Email address specified above belongs to self or family, due to investor being (please tick any one option below) <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 (for minor investment) <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA	

Address of the Applicant

Address Line 1		
Address Line 2		
City:	State	PIN

(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>	

