

Minor Attains Majority: Request Form to Update Details

	1	MIIIOI ALLA		y. neque.					11.5		
1. Folio No/s:											
2. Minor's Name in the folio:											
2 Guardian's N	Name in the folio										
	age of 18 years, the		as become a major	L request DSP M	utual Fund to ti	ransfer	the Units in	the n	ame of th	e Maior U	nit holder
independently, wit	h details as mentior	ned below.	-			ransrer		r che m			ine notael
🖙 Hereunder, plea	se mention details o	of erstwhile minor	who has turned Ma	jor now.							
4. Date of Birth	n: d d /	m m /		5. PAN/P							KYC (mandatory
		111 111 7	3 3 3 3	J. FAIN/FI							
6. Tax Status											
				,							
7. Additional K	/C Details										
a. Occupation	Details (Please ti	ick 🖌 🗆 Private	Sector Service 🗆	Public Sector Ser	vice 🗆 Govern	ment q	Service 🗆 B	usiness	D Profe	ssional 🗆	Agriculturist
	□ Housewife □ Stu								- 11010	5510Hat —	, g. leattai lot
	al Income 🗆 Belo							,			
								12 1. 1 .			
c. Others (Ple	ase tick 🖌) 🛛 Po	olitically Exposed Pe	erson (PEP) 🗀 Rela	ited to a Political	ly Exposed Perso	on (PEP) Ц NOT АРР	licable			
8. Contact Deta	ils										
Email ID belongs		Spouse 🗆 Depen									
Mobile No belong	gs to □ Self □ S	Spouse 🗆 Depen	dent Child 🗆 De	ependent Paren	t 🗆 Depende	ent Sib	ling 🗆 Gu	ardiar	In case	of Minor	D POA
Mobile Number	r:			🖙 Email id: (in capital)						
9. New Address		s as per KYC									
Address line 1											
City			Dincodo				Ctata				
City			Pincode				State				
10. New Bank D	Details (Mention ne	ew bank details and	d enclose mandato	rv documents as	mentioned belo	w)					
New Bank Acco				Account Type			rent □ NR	E* 🗆	NRO*		Others
New Bank Name											
IFSC Code						Bra	anch/City				
						DI	ancn/ city				
	celed Cheque				k Letter*#						
	Bank Statement a ld be provided in or					or atte	station shou	ıld hav	e bank ma	anager's si	anature name
	yee code, bank seal										5
11. FATCA and C											
Sole/	'First Applicant/Gua	ardian		2nd Applican	t			🗌 3ra	d Applican	t	POA
Place & Country	of Birth PLACE	E COUNTRY	Place & Country	of Birth PL	ACE COUN	ITRY	Place & C	ountry	of Birth	PLACI	E COUNTRY
Nationality 🗌 Indian 🗌 U.S. 🗋 Other Nationality 🗋 Indian 🗋 U.S. 🗋 Other Nationality 🗋 Indian 🗋 U.S. 🗋 Other											
Are you a tax resident of any country other than India 🗌 Yes 🗌 No If yes, please provide your tax identification details below											
Country #	Tax Identification	Identification	Country #	Tax Identification			Country	, #		tification	Identification
	Number or equivalent	Type/Reason*	country "	Number or equivale	nt Type/Rea	ison*	country		Number or	equivalent	Type/Reason*
1			1				1				
2			2				2				
	TIN, you may provide										
□ a □ Social Security Number □ National Insurance Number □ Citizen Or Personal Identification Code or Number □ Resident Registration Number <u>OR</u>											
□ b □ Student □ Dependent parent (Appropriate Visa) □ Diplomat (Diplomat Visa) □ Mariner / Sea farer (CDC) □ Sportsperson / Professional (Appropriate Visa) □ Recently Shifted residence (Appropriate Visa) □ Temporary Visit (Temporary work visa Teacher, Tourist or other visa) □ Not qualifying as tax resident as not meeting requisite no. of days' stay (Appropriate Visa)											
	s not issue TIN to reside										

8	8	8		
Acknowledgement (To be filled in by the investor)	Minor Attains Majority	DSP Mutual Fund		
Received, subject to verification, request for change of statu from: Fol				
Mandatory documents:	ISC Stamp & Signature			

12. NOMINATION

I/ We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Share of nominee: ** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Identity Number: *** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits masked). Passport number (In case of NRI/OCI/PIO). Copy of the document is not required.

	Nomination Details							
	Mandatory Details						Where nominee is a minor	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address (Mention complete postal address)	Mobile number & E-mail	ldentity Number ***	Date of birth of nominee	Guardian Name
1				Same as First Applicant				
2				Same as First Applicant				
3				Same as First Applicant				
	Total In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother/Father/Legal 100% Guardian. Kindly attach proof like Birth Certificate/School Leaving Certificate/Passport/Others.							

OPT-OUT declaration: I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)
Name of nominee(s) OR Nomination Registered[#]: Yes No

#Default: If no option is selected, whether nomination registered or not, along with the number of nominees will be treated as the default.

13. Guardian Signature	14.Signature of Unit holder (erstwhile Minor, now Major)			
Guardian's Signature	Name: & Signature			

Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1a in the absence of Guardian signature.

Bank Attestation of Account Details & Account-holder's signature

{To be issued on the Bank's Letter Head

OR This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: D D / M M / Y Y Y Y

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. ____ is a customer of our bank, namely, _____

Name of the bank

_____ branch

having the following Bank Account:

Account number

A/C type □Savings □Current □NRO □NRE □NRNR □Others (Pl. specify)

9-Digit MICR No.

11-Digit IFSC

His/her address, as per our Bank records, is as follows:

City	PIN	State

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
	Signature of the bank official with Bank's Seal
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* Mandatory