

Form for Nomination/ Cancellation of Nomination/ Re-nomination after cancellation of existing nomination (To be filled in by Individual(s) applying singly or jointly) (Please read the instructions overleaf)

Application No.

Computer Age Management Serv 148, Old Mahabalipuram Road Okkiyam Thuraipakkam Chennai - 600 097	ices Pvt. Ltd.,			Da	te: D D M M Y Y Y
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				
		ninee 1 Nominee 2			Nominee 3
Name and address of the nominee					
Relationship with investor					
Date of birth (mandatory in case of minor)	D D M M	YYYY	D D M M Y Y	YY	D D M M Y Y Y
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 Fund.					
Unitholder (s) (To be signed by a	all joint holders, even	if the mode of holding is	not 'Joint')		
Name:		Name:		Name:	
X First Unitholder Signature		X Second Unitholder Signature		x	Third Unitholder Signature
Witnesses (could be the same for all unit holders)					
Name:		Name:		Name:	
First Witness Signature		Second Witness Signature		Third Witness Signature	
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