

Minor Attains Majority: Request Form to Update Details

The minor in whose name investments were done is a Major now!! Time to update details in the folio. Fill this form, attach documents and submit to us. All details and documents in the form are mandatory.

Folio Nos.							
Minor's Name in the folio							
Guardian's Name in the folio	0						
Major Unit holder independe	B years, the erstwhile minor has lently, with details as mentioned by details of erstwhile minor who have	below.	ackRock Mutual Fund to	transfer the Units in the name of the			
DOB D D M M Y Y	Y Y PAN / PEKRN		☐ KYC (Mandatory)				
Tax Status ☐ Resident Inc	dividual 🛭 NRI (Non-Repatriab	ole)					
	ase tick ✓)] Public Sector Service ☐ Gove] Forex Dealer ☐ Others (Plea		☐ Professional ☐ Agric	ulturist			
	Below 1 Lac ☐ 1-5Lacs ☐ 5-7						
	Politically Exposed Person (PE	:P) ☐ Related to a Politically Ex	xposed Person (PEP)	Not Applicable			
Contact Details:							
Mobile No.	Email II						
☐Self ☐Spouse ☐ Depen	bile No. provided pertains to: Please tick (🗸) Email ID provided pertains to: Please tick (🗸) Email ID provided pertains to: Please tick (🗸) Self 🗆 Spouse 🔾 Dependent Children 🗘 Dependent Siblings 🗘 Dependent Parents Dependent Parents 🔾 Guardian 🔾 PMS 🔾 Custodian 🔾 POA						
2. CORRESPONDENCE A	DDRESS OF 1st APPLICANT (A	As per KYC records) (NRI Inves	stors should mention their	overseas address)			
2. CORRESPONDENCE A	DDRESS OF 1st APPLICANT (As per KYC records) (NRI Inves	stors should mention their	overseas address)			
	DDRESS OF 1st APPLICANT (.		stors should mention their	overseas address) Pincode			
City	DDRESS OF 1st APPLICANT (A	State	stors should mention their				
City Country Type of address given at KR	RA Residential Business	State	stors should mention their				
City Country Type of address given at KR	RA Residential Business	State Registered Office		Pincode			
City Country Type of address given at KR	RA Residential Business	State Registered Office	t number pre-printed) or copy	Pincode			
City Country Type of address given at KR 3. BANK ACCOUNT DETAIL (Attach Original Cancelled Chequilian)	RA Residential Business	State Registered Office bank account (with name & account)	t number pre-printed) or copy	Pincode should be produced for verification.)			
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1. FATCA & CRS DETAILS F	OK INDI	VIDUALS									
	1st Applicant / Gua			dian	lian 2nd Applicant				3rd Applicant		
Place / City of Birth											
Country of Birth											
Nationality											
Are you a tax resident in an country outside India?	y other	☐ Ye	es 🗆 No)		☐ Yes	□ No		☐ Yes ☐ No		
f 'YES' please fill for ALL countrie	s (other the	an India) in which y	ou are a Re	sident for tax	purpose i.e	. where you a	are a Citizen /	Resident /	/ Green Card Holder / Tax Resident in the		
	Counti Reside	ry of Tax ency	1	ntification I ctional Equ			ation Type her please s	specify)	If TIN is not available please tick (✓) the reason A, B or C (as defined below)		
1st Applicant / Guardian									Reason: A B C		
Second Applicant									Reason: A B C		
Third Applicant	A		4		1-1	- November 4	. ::		Reason: A B C		
Reason A - The country where the Reason B - No TIN required (Sele Reason C - Others, please state ti	ct this reas	son Only if the autho							be collected)		
5. NOMINATION DETAILS: To a separate nomination form to t					vestor affi	ces thumb in	npression, in	stead of w	vet signature, please fill and attach		
/ We hereby nominate the fomy / our legal heir(s).	llowing p	erson(s) who sha	III receive a	all the asset	s held in r	ny folio in th	e event of n	ny / our d	lemise, as trustee and on behalf of		
Name of Nominee* (For one r	nominatio	n)									
	Relations							DOB of nomine			
D Type ☐ PAN ☐ Aadhaar	No. 🗆 [Oriving Licence (☐ Passpor	t^ Identity	No.*#						
Address*											
City					Sta	te					
Country									Pincode		
Mobile no.*		Em	nail ID*								
Guardian Name®											
Provide PAN or Driving Licence of @If Nominee is a minor - Date of					/ PIO, ^Pas	sport number	r is acceptable	e for NRIs	only.		
imited as follows; (Please tic	k (✓), as	appropriate)							ock Asset Management Private		
☐ Name of nominee(s) OR	☐ Nomir	nation Opted "YES	S / NO" (If	neither option	n or both op	tions are sele	ected, the defa	ault will be	set to Nomination: Yes / No)		
folio and understand the	ssues inv	olved in non-app	ointment c	of nominee(s) and furt	her are awa	re that in ca	ase of dea	l units held in my / our mutual fund ath of all the account holder(s), my , based on the value of assets held		
									statements / statutory and other t or an abridged summary there		
Guardian Signature			Signature of Unit holder (erstwhile				e Minor, now Major)				
Cuardia	ın'e Sians	aturo							9. Cianatura		

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

Investors should retain the acknowledgement evidencing submission of the transaction till they receive a confirmation of acceptance or rejection of transaction. In case of difference of details in acknowledgement vis-à-vis actual transaction document, the details as mentioned on transaction document will prevail.



Date: D D M M Y Y Y Y

(*Mandatory)

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

ANNEXURE 1

(To be issued on the Bank's Letter Head OR This form itself with Bank Official's name, designation (Bank Manager), Employee code, contact no. mentioned & Bank seal affixed in the space below)

TO WHOMSOEVER IT MAY CONCERN										
This is to certify the	at Mr. / Ms.								is a customer of our	· bank,
namely,				Name o	f the bank					
branch having the Bank Account:	following:									
Account number										
A/C type	☐ Savings	☐ Current	□ NRO	□ NRE		○ Others		(Please	e specify)	
9-Digit MICR No.			11-	-Digit IFSC						
His / her address,	as per our Baı	nk records, is a	as follows:							
City			S	State					PIN	
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	e of the client		Signature of t	he bank official with Bank's	
Name of the attesting Bank Official* (Bank Manager)										
Designation*						Employ	ree Code*			
Telephone Numbe	r*									