

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 (🗸) Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian PMS Custodian POA Email ID provided pertains to: Please tick (🗸) Self Spouse Dependent Children Dependent Siblings 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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		1st Applicant / Guardian			2nd Applicant				3rd Applicant		
Place / City of Birth							·				
Country of Birth											
Nationality											
Are you a tax resident in an	v other										
country outside India?	ly Other	☐ Ye	s 🗆 No)		☐ Yes	☐ No		☐ Yes ☐) No	
If 'YES' please fill for ALL countrie	es (other tha	an India) in which yo	ou are a Res	sident for tax	purpose i.e	. where yo	ou are a Citize	n / Resident	/ Green Card Holder / Tax	x Resident in the	
	Countr	y of Tax ncy	Tax Identificat				fication Typ other please		If TIN is not available please tick (✓) the reason A, B or C (as defined below)		
1st Applicant / Guardian									Reason:	В ОС	
Second Applicant									Reason: A	В 🗆 С	
Third Applicant									Reason:	В С	
Reason A - The country where the Reason B - No TIN required (Sele Reason C - Others, please state to the Country of the Reason C - Others, please state to the Reason C - Othe	ect this reas the reason	on Only if the author thereof:	orities of the	respective co	ountry of ta	residenc	e do not requi	re the TIN to	,		
NOMINATION DETAILS: T a separate nomination form to t					vestor affix	ces thumb	o impression,	instead of	wet signature, please fill	l and attach	
I / We hereby nominate the formula in the formula i	ollowing pe	erson(s) who sha	II receive a	ill the asset	s held in r	ny folio ir	n the event o	f my / our	demise, as trustee and	l on behalf of	
Name of Nominee* (For one	nominatio	n)									
Share of nominee 100%	Relationsl	nip*						DOB o			
ID Type □ PAN □ Aadhaai	r No. 🗆 🛭	Driving Licence Id	dentity No.	*#							
Address*											
City					Sta	·e					
									Dinanda		
Country									Pincode		
Mobile no.*		Em	nail ID*								
Guardian Name@											
*Provide PAN or Driving Licence @ @If Nominee is a minor - Date of					/ PIO, Pass	port numb	oer is acceptal	ole.			
I / We want the details of my b Limited as follows; (Please tid	ck (✓), as a	appropriate)					-				
☐ Name of nominee(s) OR	☐ Nomin	ation Opted "YES	S / NO" (If	neither option	n or both op	tions are s	selected, the d	efault will be	e set to Nomination: Yes / I	No)	
OPT-OUT declaration: I folio and understand the / our legal heirs would ne in the mutual fund folio.	issues inv	olved in non-app	ointment o	f nominee(s) and furt	her are a	ware that in	case of de	eath of all the account h	holder(s), my	
On providing email-id invest documents by email. Howe (Please tick (<') Opt-in ()											
Guardian Signature				Signature of Unit holder (erstwhile Minor, now Major)							
C1:	on'o Cier-	turo									
Guardia	an's Signa	ture		Naı	me:				& S	ignature	

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 of 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,	His / her address, as per our Bank records, is 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*									