## **Request for Update of Signature**



Folio No(s)				PAN	N/PEKRN				
mucatoula Nama									
nvestor's Name									
Γo,									
PPFAS Mutual Fund									
		our investments in th							
I would like to upo	ate my Sign	ature registered in t	he referred Folio	o(s) for which I c	onfirm the below spe	ecimen Signa	itures to be registe	red.	
Specimen Signatur (Pls tick ✓)	e:	First Holder	Guardio	an	Joint Holder 1*	Joint	Holder 2*	Holder 2*	
Signature Verificat	ion by Bank	kers							
Signature of the ab		er in the box alongsi k's records	ide, verified & v	alidated with his	s/her		Signature of the	client	
Name* of the attes	ting Bank Of	ficial							
Designation*									
Employee Code*									
Reason for Change						Signature	of the bank officia	ıl with Bank's Seal	
I am submitting this	request du	ring my personal vis	sit to your Invest elied upon by A	tor Service Centr	re, along with my origo to claims shall be mad	ginal PAN/PEH de. in future.	KRN (PAN exempt).	. I hereby declare that give	
			. ,			,			
Description	ills for IPV (copy enclosed & original shown for verification)*  First Holder / Guardian				Joint Holder1	Holder1 Joint Holder2			
PAN / (Please Specific	r) #								
Holder's Name									
Contact Number									
Signature	X			X			X		
rejected/delayed or rejection of the r  * To be signed by all	s the case mequest.  The holders in	nay be in which case the folio irrespective of	the mode of hold	old PPFAS Mutuo	al Fund, the AMC and	the Registrar	r liable for any loss	which the request maybe due to delayed execution	
	•	•	•		rd, Driving License, Aad ts from the investor as i			2.	
Incase of minor signo	ture change-	bank attestation with s	self-attested PAN	proof or ID proof (F	PAN exempt cases) to be	e given.			
In-Person verific	ation (For	Office Use only)^							
		ication of the above and found them in		or along with ID	document specified	above; additi	ionally matched th	e information	
Employee Name									
Employee No					×				
Location Name	CAMS/AM	NC - <location name<="" td=""><td>2&gt;</td><td></td><td></td><td></td><td></td><td></td></location>	2>						
Date	D D N	D D M M Y Y Y Y					nature with Branch	ı Seal	
ACKNOWLEDGE	MENT SLIF	- Change of Sig	nature (To be	filled by the i	nvestor)				
Received from:			(10.00		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Mr./Ms/M/s									
Folio No.				A reques	t for Change of Signo	iture.			
Date							ISC Sto	amp, Signature & date	
			-	DEAC M	Fund				
		· Bhavan, Ramnath Go FAS Trustee Compan	enka Marg, 230,		lumbai - 400 021. INDI/		140 6555, Fax: 91 22 t Management Priva		

Webisite: www.amc.ppfas.com