## **APPLICATION FORM FOR TAX STATUS CHANGE**

For existing unitholders holding units in physical mode. The relevant section to be filled-in are indicated in the title of respective section. Please fill in the information below in English and in Block Letters.



mpo	rtant: Please strik	ce out the Se	ction(s	) that is/	are n	ot use	d by	you to av	oid :	any unau	ıthor	ised u	se						Dat	te	D	D	M	M	Υ	Υ	Υ	Υ
1	UNITHOLDER'S I	NFORMATIO	N (Man	datory)																								
_	Folio No(s).																PAN	ī	T	T	Т	$\overline{}$		$\overline{}$	$\equiv$		T	=
	Sole/1st Applica	nt																					_					=
2	CHANGE IN TAX		BI	to NRI			IRI to	RI																				
-	For existing SIP p							ation For	n		SA/C	anada	Decl	laratio	n (onl	lv an	nlical	hle t	n NE	RI fror	n 119	SΔ ar	nd C	anac	1a)			
3	OVERSEAS ADDI							uuon 1 011			O, 4 O	, unada	D001	aratio	11 (011)	y up	piloui	010 0		11 1101		57 ( a)	iu c	anac	,			
3	OVERSEAS ADDI	ness (III cas	e ui ni	lu ivni)	- IVIAII	uator	y																					
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_	State DANK MAN	DATE /MODE	OF DAY	/RAFAIT			FIN		l en	to NRO						_	e n						_					_
4	If IESC and hank				ase fi	ll the r	new h	ank detai		IU NNU					NRC	ט נט	3D											
	Old Bank details	If IFSC and bank details remain unchanged please fill the new bank details. <b>Old Bank details</b>																										
	Bank Name																											
	Core bank accou	nt number																										
	Account Type	Savings	;	Current		NRE		NR0		FCNR		Othe	r										_					
	Bank Address																											
	City																			PIN	Coc	le						
	IFSC Code (11 di	igit)							M	IICR Cod	e (9	digit)																
	New Bank details	S																										
	Bank Name								_									_	_		_		_					
	Core bank accou	nt number	Щ				<u>_</u>	<u> </u>	<u> </u>		<u> </u>	$\perp$					$\perp$											
	Account Type	Savings	; <u> </u>	Current		NRE		NRO		FCNR		Othe	r										=	_	_			_
	Bank Address																		_				<del>_</del>					
	City																		_	PIN	Coc	le	$\perp$					
	IFSC Code (11 di	igit)							M	IICR Cod	e (9	digit)																
	Documents to be	submitted b	y inves	tor																								
	Existing bank d	letails (Any c	one of t	he follov	wing)							New b	ank	detail	s (Any	y on	e of t	he f	ollov	wing)								
	A cancell	led original ch	neque le	eaf/Self a	atteste	d cop	y of c	ancelled	chec	que*					ed o	rigin	al ch	nequ	e le	eaf/Se	elf a	attest	ed	copy	, of	cai	ncelle	d
	Photocopy of bank passbook or bank account statement (Having entries pot older than 3 months)  Photocopy of bank passbook or bank account statement (Having entries pot older than 3 months)															- 4 - 1		/	1									
	not older	than 3 month	าร)												, oi i t oldei					or Da	llik	acco	unt	Stat	.emei	nt (	avın	g
	Letter fro	m the bank											Lette	er fron	n the b	bank	(											
											. L													—				
		Account number and name of the first unit holder should be printed on the face of the cheque.																										
	DECLARATION AN	D SIGNATUR	ES																									
	We have read and cheme(s) and agre																			of A	dditi	onal I	nfor	rmati	on(s	) of	the	
I/	We hereby declare	and confirm	that th	e inform	ation p	orovid	ed in 1	this form	is tr	ue and c	orrec	ct and i	s dul	y sup	ported	d by	the d	ocu	men									
	ase of non submis MC shall not be lia															s th	e righ	t to	not r	egist	er th	ie app	olica	ation	subn	nitte	d. The	9
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0	င																											
5	First/ Sole	Unit holder/ (	Guardia	n/ POA I	Holder					Second	Unit	holder									Thir	d Uni	t ho	lder				
V I	First/ Sole		Plea	se note:				ould be a												he sa	me	orde	r.					
5	5					In cas	e the	mode of	holo	ding is jo	int, a	all Unit	holo	iers a	re req	quire	d to	sign	•									
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	ACKNOW	LEDGEMENT	SLIP F	OK Ema	all Id /	Mobi	le nui	mber upo	latio	n Form (	To b	e tilled	l in b	y the	Inves	tor)	Upda	ition	Will	l be s	ubje	ect to						
D	ATE D D M	MY	Y	Υ	FOLI	0 NO.																	18	SC Sta	amp &	Signa	ture	
Rec	eived from Mr. / Ms.																											
																					-							
								P	DΕΛ	S Mutu	al E	und																
	Registered Office	e: 81/82, 8th F	loor, Sa	khar Bha	van, R	amnat	h Goe						ıbai -	400 02	21. Ma	hara	shtra.	Tel:	91 2	22 614	0 65	55, F	ax: 9	91 22	2 614	0 659	90	
		ompany: PP	FAS Tru	ustee Co	mpan	y Priv	ate Li		etrile	utor					PPFA				_						_			
	Invest Helpli		1800 2	66 7790, 1	Email:	mf@p	pfas.		strib Telpi	utor line c	all: 9	91 22 6 <sup>.</sup>	140 6	538, W	hatsa	pp: 7	77770	0577	5, E	mail:	partı	ners@	ppf	as.cc	m			

Website: www.amc.ppfas.com