



Nomination Form by Mutual Fund Distributors (For Individuals/Sole Proprietors only)

To WhiteOak Capital Mutual Fund,

Dear Sir / Ma'am,

I,

Distributor Name:

ARN:

Address:

Contact No:

Email ID:

_____ do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

Nominee Details:

*Full Name: Shri/Smt/Kumari _____

*Complete Address: _____

* Date of birth: _____ (DD/MM/YYYY)

Relationship of Distributor with Nominee _____

The above nominee is a minor whose guardian's name, address and signature are as under:

Guardian Name: Shri/Smt _____

Complete Address: _____

This nomination is in substitution of the nomination dated _____ and registered in your books which nomination shall stand cancelled on registration of this nomination.

Place: _____

Date: _____

Signature of Distributor

* Mandatory

Delete / Strike off if not applicable

(For AMC use only)

Signature verified:

Signature of authorized person:

Objections if any:

Nomination verified _____