



ASSOCIATION OF MUTUAL FUNDS IN INDIA

RENEWAL FORM FOR CORPORATE

(NOTE: Please read the instructions given at the end of application form carefully before filling the form.)

NAME OF CORPORATE

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VALIDITY DATE OF LETTER OF REGISTRATION :

D	D	M	M	Y	Y	Y	Y
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GSTIN

(Attach a copy of the GST Certificate)

WHETHER KYD COMPLIANT

If yes, attach a copy of KYD acknowledgement

YES		NO	
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CATEGORY OF CORPORATION: ✓ PLEASE TICK WHICHEVER APPLICABLE

BANK

Public Sector		Private Sector		Foreign Bank		Regional Rural Bank	
Co- Operative Bank		District Central Co- Operative Bank			Urban Co- Operative Bank		

Public Ltd. Co.		Private Ltd. Co.		Partnership Firm		NBFC		Societies & Trust	
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Micro Finance Institution **HUF** **Limited Liability Partnership (LLP)**

Any Other Please Specify :-

ADDRESS

CITY

STATE	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
PINCODE	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
COUNTRY	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
TELEPHONE NUMBER 1	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
TELEPHONE NUMBER 2	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
FAX	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
E-MAIL	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
MAIN BANK	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
BRANCH	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
BANK CITY	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
ACCOUNT NUMBER	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>

NAME AND DESIGNATION OF AUTHORISED SIGNATORY

NAME	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
DESIGNATION	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>
PAN NO.	:	<input style="width: 150px; height: 25px; border: 1px solid black;" type="text" value=""/>

NAME/S OF MUTUAL FUNDS WITH WHICH EMPANELLED:

Sr. No.	Name of the MF	Sr. No.	Name of the MF	Sr. No.	Name of the MF
1.		10.		19.	
2.		11.		20.	
3.		12.		21.	
4.		13.		22.	
5.		14.		23.	
6.		15.		24.	
7.		16.		25.	
8.		17.		26.	
9.		18.		27.	

NUMBER OF YEARS IN BUSINESS

<input type="text"/>	<input type="text"/>
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NUMBER OF INVESTORS SERVICED

<input type="text"/>						
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AVERAGE AUM (Rs. in crore)

<input type="text"/>						
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NUMBER OF BRANCHES

<input type="text"/>	<input type="text"/>	<input type="text"/>
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NUMBERS OF PERSONS EMPLOYED

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NUMBER OF EMPLOYEES ENGAGED IN MARKETING / SELLING OF MUTUAL FUNDS:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NUMBER OF EMPLOYEES REGISTERED UNDER CORPORATE:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PAYMENT DETAILS

DD NO

<input type="text"/>					
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DATE

<input type="text"/>					
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AMOUNT

<input type="text"/>					
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DRAWN ON

<input type="text"/>									
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UNDERTAKING

We hereby apply for renewal of Letter of Registration with Association of Mutual Funds in India (AMFI), which is solely for the purpose of enabling us to canvass sale of mutual fund schemes.

We confirm that we have canvassed business for products of mutual funds in accordance with Code of Conduct and Guidelines prescribed by SEBI and AMFI and any Rules and Regulations that are framed or amended by SEBI and AMFI from time to time.

We undertake that any breach of Guidelines and Code of Conduct or any Rules and Regulations framed by SEBI and AMFI will render our registration liable to be cancelled.

We confirm that all our employees who are engaged in sale, distribution and advise regarding investment in mutual fund products have passed NISM Certification Test and obtained Registration with AMFI under our corporate ARN, before engaging themselves in canvassing business for mutual funds.

We undertake to promptly notify AMFI of any changes in the information furnished to AMFI, during the period the Letter of Registration is in force.

Place :

FOR AND ON BEHALF OF

Date :

(Signature of Authorized person and company seal)

ACKNOWLEDGEMENT

Received Renewal Form from _____ along with a Demand Draft No._____ dated _____ for Rs._____ (Rs._____) being Fees for Renewal of ARN with AMFI.

(SIGNATURE OF THE RECEIVER)

INSTRUCTIONS

- Form should be completed in all respects. None of the column should be left blank. Incomplete form shall be liable for rejection.
- All the ARN holders are required to complete KYD process. For more details visit www.amfiindia.com. Please attach a copy of KYD acknowledgement along with the form.
- The prescribed fees along with applicable GST is to be paid only by a Demand Draft (DD) in favor of 'ASSOCIATION OF MUTUAL FUNDS IN INDIA' payable at the place of CAMS center at which form is submitted. For more details about fees please visit www.amfiindia.com
- List of CAMS centers is available on AMFI Website www.amfiindia.com. You may submit the form at center convenient to you.
- Please send your application well in advance before due date for renewal.