

## **Declaration form for opting out of nomination**



_		Date		d	d	-	m	m	m	-	У	У	У	У
To  Name of the Mutual Fund / AMC / F  Mutual Fund / AMC / RTA Address														
Mutual Fund / AMC / RTA Address	•													
Mutual Fund Folio Number / Application Number														
Sole / First Holder Name														
Second Holder Name														
Third Holder Name														
Declaration & Signature(s) [to be holding].	e signed by all unit	holders	inc	clud	ing	joi	nt h	olde	rs, i	rres	рес	<u>tive</u>	of 1	mode
I / We do hereby confirm that I / Wo our mutual fund folio and understan that in case of death of all the accour issued by court or such other compet	nd the issues involved nt holders, my / our le	l in non gal heir	-app	poin oulc	tme	ent ed 1	of notes	omii bmi	nee(s t all	s) ar the	nd fi requ	urth iisit	er ar	e awa
	Name and Signatu	ıre of u	nith	<u>ıold</u>	er(s	<u>s)</u>								
	Name					Signature of Applicant(s)								
Sole / First Holder														
Second Holder														
Third Holder														