Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

MUTUAL FUNDS

ABSL MF Nominee Form (For Distributors)
(For Individuals / Sole Proprietors only)

ARN Name

ARN Code

Dear Sir / Madam,

I hereby wish to nominate/change the nomination/ or opt out of nominating the following individual.

☐ Nominate ☐ Change Nomination ☐ Opt Out

(Please select the appropriate option by marking the relevant box.)

NOMINEE DETAILS

Full Name: Shri / Smt / Kumari

Address

Date of birth D D M M Y Y Y Y

The nominee is a minor, and the guardian's name and address are as follows:

Guardian Name: Shri / Smt

Address

This nomination is made in substitution of the earlier details provided. Accordingly, the previous nomination shall stand cancelled and be replaced by the present one.

Place: _____

Date: D D M M Y Y Y Y

Signature of Distributor

Mandatory

Delete / Strike off if not applicable

Acknowledgement Slip (To be filled in by the Distributor)

NOMINEE FORM FOR DISTRIBUTOR

Request for ☐ **Fresh Nomination** ☐ **Cancellation of Nomination** ☐ **Change in Existing Nominee**

Received from _____

ARN CODE (subject to verification of signature).

Collection Centre / ABSLAMC Stamp & Signature

Aditya Birla Sun Life AMC Limited
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