



### Nominee Registration / Cancellation / Change Form

Name of the Mutual Fund:

Date:

I/ We, \_\_\_\_\_,  
(Unit holder 1)

\_\_\_\_\_ and  
(Unit holder 2)

\_\_\_\_\_ (Unit holder 3)

\*do hereby nominate the person(s) more particularly described hereunder/ and\*/ cancel the nomination made by me/ us on the day of \_\_\_\_\_ in respect of the Units under **Folio No.** \_\_\_\_\_ (\* strike out which is not applicable).

|   |  | Nominee 1 | Nominee 2 | Nominee 3 |
|---|--|-----------|-----------|-----------|
| Name Nominee(s)   |  |           |           |           |
| Address of Nominee (s)  |  |           |           |           |
| Date of Birth   | <b>To be<br/>furnished<br/>if nominee<br/>is minor</b> |           |           |           |
| Name of Guardian  |  |           |           |           |
| Address of Guardian   |  |           |           |           |
| Signature of Nominee /<br>Guardian of Nominee<br>(Optional)       |  |           |           |           |
| Proportion (%) in which the units will be shared by each Nominee@ |  |           |           |           |

@ The allocation/share should be in whole numbers without any decimals making a total of 100 percent

Dated:

Signature/s \_\_\_\_\_

First / Sole Applicant / Guardian

Second Applicant

Third Applicant

***( To be signed by all Unit Holders, if mode of holding is Joint. Alterations, if any, should be countersigned.)***

#### ACKNOWLEDGEMENT

We acknowledge the receipt of the request for Nominee Registration / Cancellation / Change Form.

Name of the Mutual Fund :

Name of the Investor :

Folio Number/s :

Date of receipt at SBFS Customer Care Centre

Seal of SBFS Customer Care Centre