

Students)

ASSOCIATION OF MUTUAL FUNDS IN INDIA

One Indiabulls centre, Tower 2, Wing B, 701, 7th Floor, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013

REGISTRATION FORM FOR NEW CADRE OF DISTRIBUTORS

CATEGORY OF DIST (Please tick whichever	1.6 *1.8cm W * H Two Colour						
INDIVIDUAL	PROPRIE	IETORSHIP FIRM					
NAME OF THE PROPRIETORSHIP FIRM							
DETAILS OF THE APPLICANT / PROPRIETOR							
FIRST NAME		:					
MIDDLE NAME							
LAST NAME							
GENDER		: F M					
DATE OF BIRTH							
PERMANENT ACCOUNT NUMBER (PAN)							
CATEGORY OF NEW CADRE OF DISTRIBUTOR : PLEASE TICK ($$) WHICHEVER APPLICABLE							
Postal Agents	Business Corresponding Banks	pondents appointed Retired Teachers with a service of at least 10 years					
Retired Bank Officials with a service of at least 10 years		Retired Govt. & Semi Govt. Officials (Class III and above or equivalent) with a service of at least 10 years					
Intermediaries / Agents engaged in Distribution of Financial Products e.g. Insurance Agent, FD Agent, National Savings Scheme Products, PPF, etc. registered with any other Financial Services Regulator (Please strike off whichever is not applicable) Any Other Person (including Person of 50 years of age or more							

IEST DETAILS		
CERTIFICATE NUMBER	:	
DATE OF PASSING TEST	:	
CPE CERTIFICATE DETAILS		D D M M Y Y Y
CPE CERT. NO. DATE OF CPE	:	
	•	D D M M Y Y Y
ADDRESS OF INDIVIDUAL APPLICANT/ PROPRIETOR	:	
ADDRESS OF THE PROPRITORSHIP FIRM (If different than mentioned above)	:	
CITY	:	
PIN CODE	:	
STATE	:	
TELEPHONE NUMBER	:	
MOBILE NUMBER	:	
E-MAIL ID	:	
QUALIFICATIONS		
COURSE	:	
UNIVERSITY/INSTITUTE	:	
YEAR OF PASSING	:	Y Y Y Y

BANK DETAILS	
NAME OF THE BANK	:
BRANCH	
ACCOUNT NUMBER	
MICR/ NEFT	
ACCOUNT TYPE	
SB CURRENT AN	NY OTHER (Please Specify) :-
PAYMENT DETAILS DEMAND DRAFT NUMBER DD DATE AMOUNT DRAWN ON (Name of the Bank and Branch)	
SIGNATURE OF THE APPLICANT PLACE:	
DATE:	M M D D Y Y Y

Self Declaration by Proprietorship firm

"I hereby declare that I,	, the sole proprietor of the Proprietorship Firm			
	, am satisfying the Criteria stipulated for registration under the new			
cadre of Distributors and I am mysel	f engaged in selling and marketing Mutual Fund Products.			
I confirm that my firm will carry on ca	anvassing of business for products of Mutual Funds in accordance with			
Guidelines and Norms for Intermedia	aries (AGNI) including Code of Conduct prescribed by SEBI/ AMFI and			
any rules and Regulations that may	be framed or amended by SEBI/ AMFI from time to time."			
(Signature of the Sole Proprietor a	along with stamp of Proprietorship Firm)			
	LINDEDTAKING			
(To be sign	UNDERTAKING ned by Individuals as well as Sole Proprietors)			
I hereby apply for allotment of AMF	I Registration Number (ARN) by Association of Mutual Funds in India			
(AMFI). I acknowledge that allotmen	at of ARN is solely for the purpose of enabling me to empanel with AMC			
for distribution of simple and period CIR/IMD/DF/21/2012 dated Septem	forming Mutual Fund schemes, as defined in SEBI Circular no.			
AMFI Guidelines and Norms for Ir	ss of mutual fund products in accordance with SEBI Regulations and ntermediaries (AGNI) including Code of Conduct and any Rules and amended by SEBI/ AMFI from time to time.			
·	·			
I confirm that I have truthfully filled up the Form above and supplied all the information therein which is considered relevant for the purposes of allotment of ARN. I shall promptly notify AMFI of any changes in the information during the period ARN is in force.				
Lunderstand that allotment of ARN	by AMFI is in accordance with the requirement stipulated by SEBI for			
marketing Mutual Fund product an	d should not, in any way, be deemed to imply that AMFI takes any			
	intermediary or has vouched for my credentials as intermediary and I ncerned while acting as intermediary.			
shall bring this to the notice of all col	ncemed write acting as intermediary.			
I undertake that any breach of Guid SEBI/ AMFI will render my registration	delines and Code of Conduct or any Rules and Regulations framed by on liable to be cancelled.			
, 5				
DATE:	(SIGNATURE OF THE APPLICANT/			
	SOLE PROPRIETOR ALONG WITH STAMP OF PROPRIETORSHIP FIRM)			
PLACE:				

DOCUMENT REQUIREMENT FOR NEW CADRE OF DISTRIBUTORS

Category	Required Documents/ Instructions	Registration Fees
Individual	 NISM-Series-V-B: Mutual Fund Foundation Certification Examination or NISM Mutual Fund Foundation CPE Programme If the applicant is from the category "Any other person (including students)", he/she is required to submit Mark Sheet **/passing certificate in respect of "NISM Series V-B: Mutual Fund Foundation Certification Examination". **Self attested copy of mark-sheet containing candidate's photo and PAN is accepted up to two months from date of exam. Thereafter one has to submit a self attested copy of passing certificate along with the application. Self Attested Copies of Identity Proof and Address Proof as mentioned in KYD application Two stamp size colour photographs 	Rs. 1,500/-
Proprietorship Firms	 Document requirements as mentioned above depending on the category to which the Sole Proprietor belongs. Additional requirement: Self Declaration for Proprietorship firm as per the format mentioned above. Instructions: Photographs of the Sole Proprietor to be submitted. Test/ CPE certificate details, Qualifications of the Sole Proprietor to be furnished. Bank details of the Proprietorship Firm to be furnished. 	Rs. 3,000/- (Rs. 1,500/- for registration of Proprietary concern and Rs. 1500/- for registration of the Sole Proprietor and allotment of EUIN to the Sole Proprietor)

The prescribed fees can be paid only by demand draft in favour of the 'Association of Mutual Funds in India' payable at the location of the CAMS office to which the form is submitted.

	ACKNOWLEDGEME	<u>ENT</u>	
Received Registration Form from			along
with a Demand Draft No.	dated	for Rs	(Rs
) being Fees for Regi	stration with AMFI.

(SIGNATURE OF THE RECEIVER)