## **ASSOCIATION OF MUTUAL FUNDS IN INDIA**



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

## **REGISTRATION FORM FOR CORPORATE EMPLOYEE**

1.6 \*1.8cm W \* H Two Colour Photographs GENDER PhotographsW X H

NAME OF THE APPLICANT											Two	color		
FIRST NAME	:													
MIDDLE NAME	:													
LAST NAME	:													
GENDER	:	F		M										
DATE OF BIRTH	:	D	D	M	M	Υ	Υ	Υ	Υ					
NAME OF ORGANISATION EMPLOYED WITH	:													
ARN OF THE ORGANIZATION	:												<u>.</u>	
DATE OF APPOINTMENT	:	D	D	M	M	Υ	Υ	Υ	Υ					
DESIGNATION/ POSITION HELD	:													
BREIF DESCRIPTION OF RESPONSIBILITIES	:													
PERMANENT ACCOUNT NUMBER (PAN) (PAN card copy to be attached)	:													
TEST DETAILS														
CERTIFICATE NUMBER	:													
DATE OF PASSING TEST	:	D	D	M	M	Υ	Υ	Υ	Υ					
FOR SENIOR CITIZENS														
REFRESHER COURSE/ CPE CERT. NO.	:													
DATE OF REFRESHER COURSE/ CPE	:	D	D	M	M	Υ	Υ	Υ	Υ					

ADDRESS DETAILS		
OFFICE ADDRESS	:	
CITY	:	
PIN CODE	:	
STATE	:	
COUNTRY	:	
TELEPHONE NUMBER OFF.	:	
FAX	:	
RESIDENTIAL ADDRESS	:	
CITY	:	
CITY PIN CODE	:	
PIN CODE	Ξ	
PIN CODE STATE	:	
PIN CODE STATE COUNTRY	:	
PIN CODE  STATE  COUNTRY  TELEPHONE NUMBER RES.	:	
PIN CODE  STATE  COUNTRY  TELEPHONE NUMBER RES.  MOBILE NUMBER	:	
PIN CODE  STATE  COUNTRY  TELEPHONE NUMBER RES.  MOBILE NUMBER  E-MAIL ID	:	
PIN CODE  STATE  COUNTRY  TELEPHONE NUMBER RES.  MOBILE NUMBER  E-MAIL ID  QUALIFICATIONS	: :	

PAYMENT DETAILS								
DEMAND DRAFT NUMBER	:							
DEMAND DRAFT DATE	:	D D M M Y Y Y						
AMOUNT	:							
DRAWN ON (Name of the Bank and Branch)	:							
UNDERTAKING TO BE SIGNED BY THE AUTHORIZED SIGNATORY IF THE FEES ARE PAID AS PER THE GRADED FEE STRUCTURE AVAILABLE FOR REGISTRATION OF INCREMENTAL EMPLOYEES (ABOVE 100 EMPLOYEES)								
		cation i.e. DD / MM / YYYY, there are <no.of employees=""></no.of>						
who continue to be employed by us and are h		valid registration.						
NAME OF AUTHORISED SIGNATORY	:							
DESIGNATION	:							
SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY STAMP:								
SIGNATURE OF THE APPLICANT	:							
PLACE	:							
DATE	:	D D M M Y Y Y						
ATTESTED BY AUTHORIZED SIGNATORY								
NAME OF AUTHORISED SIGNATORY	:							
DESIGNATION	:							
SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY STAMP:								

## LIST OF DOCUMENTS TO BE SUBMITTED ALONGWITH THE APPLICATION

CORPORATE EMPLOYEE	DEMAND DRAFT IN FAVOUR OF 'ASSOCIATION OF MUTUAL FUNDS IN INDIA' PAYABLE AT THE LOCATION OF THE CAMS OFFICE TO WHICH THE FORM IS SUBMITTED.
	TWO STAMP SIZE COLOUR PHOTOGRAPHS
	PAN CARD COPY
	CERTIFIED COPY OF PASSING CERTIFICATE
	PROOF OF RESIDENTIAL ADDRESS (SUCH AS COPY OF RATION CARD /LATEST

Α	CI	ΚN	ı٥١	ΝI	FD	GF	ΜE	NT
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Received Registration Form from			_along with a Demand Draft No.
dated	_ for Rs	_ (Rs	
	_) being Fees for Re	gistration with AMF	l.

(SIGNATURE OF THE RECEIVER)