

PAYMENT DETAILS

DEMAND DRAFT NUMBER :

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DEMAND DRAFT DATE :

D	D	M	M	Y	Y	Y	Y
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AMOUNT :

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DRAWN ON (Name of the Bank and Branch) :

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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)

We hereby confirm that as on the date of this application i.e. DD / MM / YYYY, there are <No.of employees > employees registered under ARN <ARN of the Corporate > of <Name of the Corporate ARN Holder > who continue to be employed by us and are having valid registration.

NAME OF AUTHORISED SIGNATORY :

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DESIGNATION :

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SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY STAMP:

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SIGNATURE OF THE APPLICANT :

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PLACE :

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DATE :

D	D	M	M	Y	Y	Y	Y
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ATTESTED BY AUTHORIZED SIGNATORY

NAME OF AUTHORISED SIGNATORY :

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DESIGNATION :

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SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY STAMP:

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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 BANK STATEMENT/ LANDLINE TELEPHONE BILL/ ELECTRICITY BILL)

ACKNOWLEDGEMENT

Received Registration Form from _____ along with a Demand Draft No. _____ dated _____ for Rs. _____ (Rs. _____) being Fees for Registration with AMFI.

(SIGNATURE OF THE RECEIVER)