On the letter head of the non-individual mutual fund distributors (MFD)

To,

**Computer Age Management Services Limited** (CAMS**)**

Unit : AMFI
Rayala Towers, Tower 1, Ground Floor

158 Anna Salai,

Chennai 600002

**Sub: Request to Update Change of Registered Name –** ARN - …………………………..

(Pursuant to Regulation 3 (3) of the SEBI (Investment Advisers) Regulations, 2013)

As per Regulation 3 (3) of the SEBI (Investment Advisers) Regulations, 2013, which was amended in July , 2020, no *person engaged in distribution of securities shall use the nomenclature /terms* such as Adviser / Advisor / Financial Adviser/ Investment Adviser/ Wealth Adviser/Wealth Manager/Wealth Managers etc. *or any other similar name* in their name, *unless registered with SEBI as an Investment Adviser*. Consequently, all AMFI registered mutual fund distributors (**MFDs**) whose registered name has any of the above-mentioned terms were required get their registered name changed.

Pursuant to the above regulatory change, we have changed the name of our company / firm from

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

<previous / registered name>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<new name>

A copy of the certificate dated ………………………..issued by ………………………………………….. as well as a copy of the new PAN card of the company / firm showing the new name and the existing letter of registration in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

<previous / registered name>

 is attached herewith.

We now request AMFI / CAMS – AMFI Unit to update our new registered name in AMFI’s records.

Thanking you,

Yours truly,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the authorized signatory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_