



# 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 NEW CADRE OF DISTRIBUTORS

### CATEGORY OF DISTRIBUTOR (Please tick whichever applicable)

1.6 \*1.8cm W \*  
H Two Colour  
Photographs

INDIVIDUAL	<input type="checkbox"/>	PROPRIETORSHIP FIRM	<input type="checkbox"/>
------------	--------------------------	---------------------	--------------------------

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

<input type="checkbox"/>	Postal Agents	<input type="checkbox"/>	Business Correspondents appointed by Banks	<input type="checkbox"/>	Retired Teachers with a service of at least 10 years
<input type="checkbox"/>	Retired Bank Officials with a service of at least 10 years	<input type="checkbox"/>	Retired Govt. & Semi Govt. Officials (Class III and above or equivalent) with a service of at least 10 years	<input type="checkbox"/>	
<input type="checkbox"/>	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)				<input type="checkbox"/>
<input type="checkbox"/>	Any Other Person (including Students)	<input type="checkbox"/>	Person of 50 years of age or more	<input type="checkbox"/>	

**TEST DETAILS**

**CERTIFICATE NUMBER** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DATE OF PASSING TEST** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**CPE CERTIFICATE DETAILS**

**CPE CERT. NO.** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DATE OF CPE** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**ADDRESS OF INDIVIDUAL APPLICANT/  
PROPRIETOR** : 


**ADDRESS OF THE PROPRIETORSHIP FIRM  
(If different than mentioned above)** : 


**CITY** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PIN CODE** : 

--	--	--	--	--	--	--	--	--	--

**STATE** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**TELEPHONE NUMBER** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MOBILE NUMBER** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**E-MAIL ID** : 

--

**QUALIFICATIONS**

**COURSE** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**UNIVERSITY/INSTITUTE** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**YEAR OF PASSING** : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**BANK DETAILS**

**NAME OF THE BANK**

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**BRANCH**

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**ACCOUNT NUMBER**

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**MICR/ NEFT**

:


**ACCOUNT TYPE**

<b>SB</b>		<b>CURRENT</b>		<b>ANY OTHER (Please Specify) :-</b>	
-----------	--	----------------	--	--------------------------------------	--

**PAYMENT DETAILS**

**DEMAND DRAFT NUMBER**

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DD DATE**

:

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**AMOUNT**

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DRAWN ON** (Name of the Bank and Branch)

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SIGNATURE OF THE APPLICANT**

:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**PLACE :**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DATE :**

M	M	D	D	Y	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 myself engaged in selling and marketing Mutual Fund Products.

I confirm that my firm will carry on canvassing of business for products of Mutual Funds in accordance with Guidelines and Norms for Intermediaries (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 along with stamp of Proprietorship Firm)**

### **UNDERTAKING**

**(To be signed by Individuals as well as Sole Proprietors)**

I hereby apply for allotment of AMFI Registration Number (ARN) by Association of Mutual Funds in India (AMFI). I acknowledge that allotment of ARN is solely for the purpose of enabling me to empanel with AMC for distribution of **simple and performing Mutual Fund schemes, as defined in SEBI Circular no. CIR/IMD/DF/21/2012 dated September 13, 2012.**

I warrant that I will canvass business of mutual fund products in accordance with SEBI Regulations and AMFI Guidelines and Norms for Intermediaries (AGNI) including Code of Conduct and any Rules and Regulations that may be framed or 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.

I understand that allotment of ARN by AMFI is in accordance with the requirement stipulated by SEBI for marketing Mutual Fund product and should not, in any way, be deemed to imply that AMFI takes any responsibility for any of my acts as intermediary or has vouched for my credentials as intermediary and I shall bring this to the notice of all concerned while acting as intermediary.

I undertake that any breach of Guidelines and Code of Conduct or any Rules and Regulations framed by SEBI/ AMFI will render my registration liable to be cancelled.

**DATE:** \_\_\_\_\_ **(SIGNATURE OF THE APPLICANT/  
SOLE PROPRIETOR ALONG WITH STAMP OF PROPRIETORSHIP FIRM)**

**PLACE:** \_\_\_\_\_

**DOCUMENT REQUIREMENT FOR NEW CADRE OF DISTRIBUTORS**

<b>Category</b>	<b>Required Documents/ Instructions</b>
<b>Individual</b>	<ol style="list-style-type: none"><li>1. NISM-Series-V-B: Mutual Fund Foundation Certification Examination or NISM Mutual Fund Foundation CPE Programme</li><li>2. If the applicant is from the category “Any other person (including students)”, he/she is required to submit passing certificate in respect of “NISM Series V-B : Mutual Fund Foundation Certification Examination”.</li><li>3. Self Attested Copies of Identity Proof and Address Proof as mentioned in KYD application</li><li>4. Two stamp size colour photographs</li></ol>
<b>Proprietorship Firms</b>	<ol style="list-style-type: none"><li>1. Document requirements as mentioned above depending on the category to which the Sole Proprietor belongs.</li><li>2. Additional requirement : Self Declaration for Proprietorship firm as per the format mentioned above.</li></ol> <p><b><u>Instructions :</u></b></p> <ol style="list-style-type: none"><li>1. Photographs of the Sole Proprietor to be submitted.</li><li>2. Test/ CPE certificate details, Qualifications of the Sole Proprietor to be furnished. Bank details of the Proprietorship Firm to be furnished.</li></ol>

The prescribed fees alongwith applicable GST is to be paid only by a Demand Draft (DD) in favor of 'ASSOCIATION OF MUTUAL FUNDS IN INDIA' payable at the place of CAMS center at which form is submitted. For more details about fees please visit [www.amfiindia.com](http://www.amfiindia.com)

---

**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)