Form No. A
Format for Declaration of Self Certification for Corporate ARN Holder who does not have sub-brokers
On appropriate letterhead of corporate body

Date ______________

AMFI Registration Number (ARN): ________________________________

From: Name of the ARN Holder: ________________________________

* Landline : __________________
* Mobile : __________________
* Email : __________________

To
CAMS, AMFI Unit

Sub: Declaration of Self-Certification (DSC): Period / Financial Year

"This is to certify that, in the course of our business in the distribution of mutual fund products during the period / financial year ended March 31, ________, we have adhered to the Code of Conduct contained in SEBI circular no. SEBI/IMD/CIR No. 81174648/2009 dated August 27, 2009 and prescribed by AMFI from time to time and to the requirements as prescribed in SEBI’s circular no. MFD/C1R/20/23230/2002 dated November 28, 2002 and the AMFI circular no: CIR/ARN-09/08-09 dated July 18, 2008 in this regard.

In compliance with SEBI Circular no. SEBI/ IMD/CIR/No.4/168230109 dated June 30, 2009, we have disclosed to investors all the commissions (in the form of trail commission or any other mode) payable to us for the different competing schemes of various mutual funds from amongst which the scheme was recommended to our investors.

We also certify that we have complied with the Know Your Distributor (KYD) requirements as per AMFI Guidelines.

We certify that we are distributor(s) of mutual funds and registered with AMFI and that in our capacity / relationship as distributor(s), we may provide investment advice to our clients, incidental to our primary activity of distribution of mutual fund products, which is exempted from registration under Regulation 4 (d) of Securities and Exchange Board of India (Investment Advisers) Regulations, 2013.

We further certify that we have read, understood and adhered to the SEBI and AMFI Guidelines issued from time to time

Kindly update this DSC on your records and with all the Fund Houses where we are empanelled.

For ____________________________ (firm name)

Authorised Signatory (ies)

* Information of principal contact desirable for all important communication to be disseminated efficiently