ASSOCIATION OF MUTUAL FUNDS IN INDIA

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

REGISTRATION FORM FOR CORPORATE

NAME OF CORPORATE :

NATIONAL DISTRIBUTOR		**REGIONAL DISTRIBUTOR**	

PERMANENT ACCOUNT NUMBER (PAN) :

WHETHER KYD COMPLIANT :
If yes, attach a copy of KYD acknowledgement

YES		**NO**	

CATEGORY OF CORPORATION: PLEASE TICK (√) WHICHEVER APPLICABLE

BANK

Public Sector		**Private Sector**		**Foreign Bank**		**Regional Rural Bank**	
Co- Operative Bank		**District Central Co- Operative Bank**				**Urban Co- Operative Bank**	

Public Ltd. Co.		**Private Ltd. Co.**		**Partnership Firm**		**NBFC**	

Societies & Trust		**Micro Finance Institution**		**Proprietorship Firm**	

HUF		**Limited Liability Partnership (LLP)**		**Any Other Please Specify :-**	

ADDRESS :

CITY :

STATE :

COUNTRY :

PINCODE :

TELEPHONE NUMBER 1 :

TELEPHONE NUMBER 2 :

FAX :

E-MAIL :

ABOUT THE CORPORATE

WHETHER ENGAGED AS INSURANCE AGENT :

YES		NO	

IF YES, REGISTERED WITH WHICH INSURANCE COMPANY :

WHETHER A GROUP COMPANY HAS OBTAINED ARN :

YES		NO	

IF YES, NAME OF THE GROUP COMPANY AND ARN :

TOTAL NUMBER OF BRANCHES PROPOSED TO BE ENGAGED IN MARKETING/SALES OF MUTUAL FUNDS: ____

TOTAL NUMBER OF EMPLOYEES PROPOSED TO BE ENGAGED IN MARKETING/SALES OF MUTUAL FUNDS: ____

TOTAL NUMBER OF CERTIFIED EMPLOYEES :

TOTAL NUMBER OF EMPLOYEES BEING REGISTERED UNDER CORPORATE :

BANK DETAILS (SHOULD BE THE SAME AS MENTIONED IN KYD APPLICATION)

NAME OF THE BANK :

BRANCH :

ACCOUNT NUMBER :

MICR/ NEFT :

ACCOUNT TYPE :

SB		**CURRENT**		**ANY OTHER (Please Specify) :-**	

PAYMENT DETAILS

DEMAND DRAFT NUMBER :

DEMAND DRAFT DATE :

D D M M Y Y Y Y

AMOUNT :

DRAWN ON (Name of the Bank and Branch) :

NAME AND DESIGNATION OF AUTHORISED SIGNATORY

NAME :

DESIGNATION :

MOBILE NUMBER :

SIGNATURE OF THE AUTHORISED SIGNATORY WITH COMPANY STAMP:

UNDERTAKING

We hereby apply for grant of Certificate of Registration by Association of Mutual Funds in India (AMFI). We acknowledge that Allotment of AMFI Registration Number (ARN) is solely for the purpose of enabling us to empanel with AMC for distribution of Mutual Fund Schemes.

We warrant that we will canvass business for products of mutual funds in accordance with SEBI Regulations and SEBI/ AMFI Code of Conduct for Mutual Fund Distributors and any Rules and Regulations that may be framed or amended by SEBI/ AMFI from time to time.

We confirm that we have truthfully filled up the Form above and supplied all the information therein which is considered relevant for the purposes of grant of Certification of Registration. We shall promptly notify AMFI of any changes in the information during the period the Certificate of Registration is in force.

We 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 our acts as intermediary or has vouched for our credentials as intermediary and we shall bring this to the notice of all concerned while acting as intermediary.

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

We further undertake that all our employees, who are engaged in selling and marketing mutual fund products on behalf of our Organization, shall register with AMFI after passing certification examination as mandated by SEBI, before engaging themselves in canvassing business of Mutual Funds Products.

We undertake that act of our employees engaged in marketing Mutual Fund Products shall be binding on us and we shall be wholly and solely responsible to the investors for the same.

We undertake that we will carry out due diligence while engaging a person for marketing of Mutual Fund Products on behalf of our Organization and appropriate documents shall be made available to AMFI, if demanded.

We confirm that our organization is authorized to undertake distribution of Mutual Funds.

Place : **FOR AND ON BEHALF OF**

Date : **Authorized Signatory**

Note: Please note that the application for allotment of ARN by the corporates should necessarily be submitted along with Corporate Employee Form/ s in respect of the employees who would be engaged in marketing/ distribution of Mutual Fund Products. The applications submitted without Corporate Employee form/s are liable to be rejected.

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

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)