

**Form No. B**

**Format for Declaration of Self Certification by the ARN Holder who is sub-broker, to be submitted to principal ARN Holder**

**On appropriate letterhead (if available) by sub broker to be address to principal ARN Holder**

Date \_\_\_\_\_

AMFI Registration Number (ARN): \_\_\_\_\_

From: Name of the ARN Holder: \_\_\_\_\_

\* Landline : \_\_\_\_\_

\* Mobile : \_\_\_\_\_

\* Email : \_\_\_\_\_

To,

\_\_\_\_\_ (Principal ARN Holder's name)

Address 1

Address 2

Address 3

Pin

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

"I/we as sub-brokers to yourselves for the purpose of distribution of mutual funds hereby declare that all provisions made under the prescribed code of conduct under SEBI circular no. SEBI/IMD/CIR No 8/174648/2009 dated August 27, 2009 and prescribed by AMFI from time to time and those prescribed under SEBI's circular no MFD/CIR120123230/2002 dated November 28, 2002 and the AMFI circular no. CIR/ARN-09/08-09 dated July 18, 2008 have been adhered to."

In compliance with SEBI Circular no. SEBI/ IMD/CIR/No.4/168230/09 dated June 30, 2009, I/ we have disclosed to investors all the commissions (in the form of trail commission or any other mode) payable to me /us for the different competing schemes of various mutual funds from amongst which the scheme was recommended to our investors.

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

I/ we certify that I/ we am/are distributor(s) of mutual funds and registered with AMFI and that in my/our capacity / relationship as distributor(s), I/we may provide investment advice to my/our clients, incidental to my/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.

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

For \_\_\_\_\_ (firm name / individual name)

Authorised Signatory (ies) / Signature of sub-broker

*\* Information of principal contact / sub-broker desirable for all important communication to be disseminated efficiently*

**Note: This declaration has to be stored by the principal ARN Holder for a period of at least 8 years**