



# 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 INDIVIDUAL / SENIOR CITIZENS

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

### NAME OF THE APPLICANT

FIRST NAME :

MIDDLE NAME :

LAST NAME :

GENDER :

DATE OF BIRTH :

PERMANENT ACCOUNT NUMBER (PAN) :

GSTIN :   
(Attach a copy of the GST Certificate)

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

### TEST DETAILS

CERTIFICATE NUMBER :

DATE OF PASSING TEST :

### CPE CERTIFICATE DETAILS (ONLY FOR SENIOR CITIZENS)

CPE CERT. NO. :

DATE OF CPE :          
&

**ADDRESS** :


**CITY** :

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**PIN CODE** :

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**STATE** :

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**COUNTRY** :

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**TELEPHONE NUMBER** :

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**MOBILE NUMBER** :

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**E-MAIL ID** :

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**QUALIFICATIONS**

**COURSE** :

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**UNIVERSITY/INSTITUTE** :

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**YEAR OF PASSING** :

Y	Y	Y	Y
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**BANK DETAILS**

**NAME OF THE BANK** :

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**BRANCH** :

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**ACCOUNT NUMBER** :

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**MICR/ NEFT** :


**ACCOUNT TYPE**

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

**DEMAND DRAFT NUMBER** : 

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**DD DATE** : 

M	M	D	D	Y	Y	Y	Y
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**AMOUNT** : 

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

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**SIGNATURE OF THE APPLICANT** : 

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**PLACE :**

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**DATE :**

M	M	D	D	Y	Y	Y	Y
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**UNDERTAKING**

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 Mutual Fund schemes.

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)**

**PLACE:**

- 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)

<b>DOCUMENTS TO BE SUBMITTED ALONGWITH THE APPLICATION</b>	
<b>PLEASE ( ✓ ) AGAINST DOCUMENTS ATTACHED</b>	
<b>SENIOR CITIZENS CATEGORY, IN TERMS OF SEBI CIRCULAR DATED JUNE 24, 2010</b>	<b>Two Stamp Size Colour Photographs</b>
	<b>Copy of NISM Continuing Professional Education for Mutual Fund Distributors</b>
	<b>Copy of KYD acknowledgement</b>
	<b>Copy of GST certificate (if any)</b>
<b>INDIVIDUALS</b>	<b>Two Stamp Size Colour Photographs</b>
	<b>Copy of Passing Certificate for NISM Series V-A - Mutual Fund Distributors Certification Examination</b>
	<b>Copy of KYD acknowledgement</b>
	<b>Copy of GST certificate (if any)</b>

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**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)**