

STATE :

PINCODE :

COUNTRY :

TELEPHONE NUMBER 1 :

TELEPHONE NUMBER 2 :

FAX :

E-MAIL :

MAIN BANK :

BRANCH :

BANK CITY :

ACCOUNT NUMBER :

NAME AND DESIGNATION OF AUTHORISED SIGNATORY

NAME :

DESIGNATION :

PAN NO. :

NAME/S OF MUTUAL FUNDS WITH WHICH EMPANELLED:

Sr. No.	Name of the MF	Sr. No.	Name of the MF	Sr. No.	Name of the MF
1.		10.		19.	
2.		11.		20.	
3.		12.		21.	
4.		13.		22.	
5.		14.		23.	
6.		15.		24.	
7.		16.		25.	
8.		17.		26.	
9.		18.		27.	

NUMBER OF YEARS IN BUSINESS :

NUMBER OF INVESTORS SERVICED :

AVERAGE AUM (Rs. in crore) :

NUMBER OF BRANCHES :

NUMBERS OF PERSONS EMPLOYED :

NUMBER OF EMPLOYEES ENGAGED IN MARKETING / SELLING OF MUTUAL FUNDS:

NUMBER OF EMPLOYEES REGISTERED UNDER CORPORATE:

PAYMENT DETAILS

DD NO :

DATE :

AMOUNT :

DRAWN ON :

UNDERTAKING

We hereby apply for renewal of Letter of Registration with Association of Mutual Funds in India (AMFI), which is solely for the purpose of enabling us to canvass sale of mutual fund schemes.

We confirm that we have canvassed business for products of mutual funds in accordance with Code of Conduct and Guidelines prescribed by SEBI and AMFI and any Rules and Regulations that are framed or amended by SEBI and AMFI from time to time.

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

We confirm that all our employees who are engaged in sale, distribution and advise regarding investment in mutual fund products have passed NISM Certification Test and obtained Registration with AMFI under our corporate ARN, before engaging themselves in canvassing business for mutual funds.

We undertake to promptly notify AMFI of any changes in the information furnished to AMFI, during the period the Letter of Registration is in force.

Place : **FOR AND ON BEHALF OF**

Date : **(Signature of Authorized person and company seal)**

ACKNOWLEDGEMENT

Received Renewal Form from _____ along with a Demand Draft
No. _____ dated _____ for Rs. _____ (Rs. _____
_____) being Fees for Renewal of ARN with AMFI.

(SIGNATURE OF THE RECEIVER)

INSTRUCTIONS

- Form should be completed in all respects. None of the column should be left blank. Incomplete form shall be liable for rejection.
- All the ARN holders are required to complete KYD process. For more details visit www.amfiindia.com. Please attach a copy of KYD acknowledgement along with the form.
- The prescribed fees along with 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
- List of CAMS centers is available on AMFI Website www.amfiindia.com. You may submit the form at center convenient to you.
- Please send your application well in advance before due date for renewal.