

Form No. D

Nomination Form by ARMFA (For Individuals/ Sole Proprietors only)

To _____ (AMC)

Dear Sir / Ma'am,

*ARMFA Details

Name: _____

ARN Code: _____

Address: _____

I, _____ do hereby nominate the following person as my nominee to receive the amount of commission pertaining to the business done by me, in the event of my death.

Nominee Details

*Full Name: Shri/Smt/Kumari _____

*Complete Address: _____

* Date of birth: _____ (DD/MM/YYYY)

Contact No.: _____ E-mail id: _____

The above nominee is a minor whose guardian's name, address and signature are as under:

Guardian Name: Shri/Smt _____

Complete Address: _____

Guardian's Signature: _____

This nomination is in substitution of the nomination dated _____ and registered in your books which nomination shall stand cancelled on registration of this nomination.

Place: _____

Date: _____

Signature of Distributor

* *Mandatory*

Delete / Strike off if not applicable

(For AMC use only)

Signature verified:

Signature of authorized person:

Objections if any:

Nomination verified _____