Form No. A1 Format for Declaration of Self Certification for Corporate ARN Holder has sub-brokers

On appropriate letterhead of corporate body

Date								
AMFI Regis	tration Nu	umber (ARN):		-				
From: Nam	e of the A	RN Holder:		_				
* Landline	:							
* Mobile	:							
* Email	:							
To CAMS, AMF	-I Unit							
Sub: Declar	ation of S	Self-Certification (DSC):	Period	/ Financial Year				
during the Conduct co and prescri no. MFD/0	period / f ntained in bed by AN C1R/20/23	financial year ended M n SEBI circular no. SEBI MFI from time to time a	larch 31,, we /IMD/CIR No. 81174648 nd to the requirements	tion of mutual fund products have adhered to the Code of /2009 dated August 27, 2009 as prescribed in SEBI's circular e AMFI circular no: CIR/ARN-				
brokers for requiremer	r distribu nts in term	tion of mutual funds as of circulars issued by	and that they have	anelled with us acting as sub- in turn met all certification We confirm that the necessary is"				
In compliance with SEBI Circular no SEBI/ IMD/CIR/No.4/168230/09 dated June 30, 2009, we have disclosed to investors all the commissions (in the form of trail commission or any other mode) payable to us for the different competing schemes of various mutual funds from amongst which the scheme was recommended to our investors.								
	elines. We	further certify that al		tor (KYD) requirements as per nelled with us have complied				
We certify that we are distributor(s) of mutual funds and registered with AMFI and that we (including sub-brokers empaneled with us) in our capacity / relationship as distributor(s), may provide investment advice to our clients, incidental to 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.								
We further issued from			erstood and adhered to t	the SEBI and AMFI Guidelines				
Kindly upda	ite this DS	SC on your records and	with all the Fund Houses	where we are empanelled.				
For		(fir	rm name)					

Authorised Signatory (ies)

^{*} Information of principal contact desirable for all important communication to be disseminated efficiently