SSAMCO	<b>Sponsor</b> : Samco Securities Limited <b>Trustee Company</b> : Samco Trustee Private Limited <b>Investment Manager</b> : Samco Asset Management Private Limited			Samco Mutual Fund 1003 – A, Naman Midtown, Senapati Bapat Marg, Prabhadevi (W), Mumbai - 400 013 – A00 013			uctions before filling this form
Folio No.		I	Name Mr. / Ms	s. / M/s.			
1. Update Conta	ct Details (Mandato	ory) to be filled in	block letters				
Mobile No.	, , , , , , , , , , , , , , , , , , ,	Self	D. pertains to Fam	ily Member please select a	any one) ependent Children 🗌 F	amily Member amily Member	
2. KYC Details (M	landatory) Occupat	t <b>ion</b> (Please tick	<✔ )				
First Applicant/ Guardian:	Business Bureaucrat	Service Forex Dealer	Professional     Others	Agriculturist	Housewife	Student	Defence
Second Applicant:	Business Bureaucrat	Service Forex Dealer	Professional	Agriculturist	Housewife	Student	Defence
Third Applicant:	Business Bureaucrat	Service Forex Dealer	Professional     Others	Agriculturist	Housewife	Student	Defence
3. Gross Annual	Income (Please tic	<b>k √</b> )					
First Applicant / Non-individuals:	Below 1 Lac OR Net worth (N	] 1-5 Lacs landatory for Non	5-10 Lacs - Individuals)	10-25 Lac ₹	>25 Lacs - 1 Cro as on D D M M		(Not older than 1 year)
Second Applicant: [	Below 1 Lac	] 1-5 Lacs	5-10 Lacs	10-25 Lac	>25 Lacs - 1 Cro as on D D M M	ore         > 1 Crore           Y         Y         Y	(Not older than 1 year)
Third Applicant:	Below 1 Lac	] 1-5 Lacs	5-10 Lacs	10-25 Lac	>25 Lacs - 1 Cro as on D D M M		(Not older than 1 year)
4. Change in Mo	de of Holding						
"Joint" to "Anyone or s	Survivor" (Anyo	one or Survivor" to	o "Joint"				
5. Change of bro	ker code						
Scheme Name							
Name of Distributor / F	RIA						
*ARN to RIA / ARN to Direc	ct or vice-versa is not ap	plicable					
ARN/RIA Code		EUIN / Intern	al Code		SUB Distributor / Al	RN	
<b>Declaration</b> : I/We wish to change the distributor /broker/RIA code and request Samco Mutual Fund to update the ARN/RIA code in my/our folio number/s mentioned above. I/We understand that if any mandatory details are not mentioned the request will be liable to be rejected. We hereby give you/our consent to share provide the transactions data feed in respect of my/our investments to the above mentioned distributor/RIA.							
SSAMCO MUTUAL FUND (To be filled by the investor)							
Folio No.							
Name Mr. / Ms. /	M/s.						

<b>Received Request for</b>	Updation of contact details / email ID
	Updation of annual income

Change	in	Name

Change in Mode of Holding Change in Broker Code

Stamp & Signature

## 6. Old and New Names of the Unitholder

I/We hereby agree that new name/s will be valid and effective only after the changes are updated and a confirmation is received by me/us. After the new name/s audition, any requests with old name/s will not be honored by the fund.

	Sole / 1 <sup>st</sup> Unitholder	2 <sup>nd</sup> Unitholder	3 <sup>rd</sup> Unitholder
Old Name/s (as per existing records)			
New Name/s			

Please enclose: Copy of the PAN card and verified KYC in new name

## 7. Declaration and Signature(s)

Having read and understood the content of the Non- Financial Transactional Form of Samco Mutual Fund I/we have read and understood the instructions and I/we hereby apply for the necessary changes.

Signature (s)	First Holder	Second holder	Third Holder
Name			