



# 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 NEW CADRE OF DISTRIBUTORS

### CATEGORY OF DISTRIBUTOR (Please tick whichever applicable)

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

INDIVIDUAL		PROPRIETORSHIP FIRM	
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NAME OF THE PROPRIETORSHIP FIRM	
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### DETAILS OF THE APPLICANT / PROPRIETOR

FIRST NAME :

MIDDLE NAME :

LAST NAME :

GENDER : 

F		M	
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DATE OF BIRTH : 

D	D	M	M	Y	Y	Y	Y
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PERMANENT ACCOUNT NUMBER (PAN) :

### CATEGORY OF NEW CADRE OF DISTRIBUTOR : PLEASE TICK (✓) WHICHEVER APPLICABLE

Postal Agents		Business Correspondents appointed by Banks		Retired Teachers with a service of at least 10 years	
Retired Bank Officials with a service of at least 10 years		Retired Govt. & Semi Govt. Officials (Class III and above or equivalent) with a service of at least 10 years			
Intermediaries / Agents engaged in Distribution of Financial Products e.g. Insurance Agent, FD Agent, National Savings Scheme Products, PPF, etc. registered with any other Financial Services Regulator (Please strike off whichever is not applicable)					

**TEST DETAILS**

**CERTIFICATE NUMBER** : 

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**DATE OF PASSING TEST** : 

D	D	M	M	Y	Y	Y	Y
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**CPE CERTIFICATE DETAILS**

**CPE CERT. NO.** : 

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**DATE OF CPE** : 

D	D	M	M	Y	Y	Y	Y
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**ADDRESS OF INDIVIDUAL APPLICANT/  
PROPRIETOR** : 


**ADDRESS OF THE PROPRIORSHIP FIRM  
(If different than mentioned above)** : 


**CITY** : 

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**PIN CODE** : 

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**STATE** : 

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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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### **Self Declaration by Proprietorship firm**

"I hereby declare that I, \_\_\_\_\_, the sole proprietor of the Proprietorship Firm \_\_\_\_\_, am satisfying the Criteria stipulated for registration under the new cadre of Distributors and I am myself engaged in selling and marketing Mutual Fund Products.

I confirm that my firm will carry on canvassing of business for products of Mutual Funds in accordance with Guidelines and Norms for Intermediaries (AGNI) including Code of Conduct prescribed by SEBI/ AMFI and any rules and Regulations that may be framed or amended by SEBI/ AMFI from time to time."

\_\_\_\_\_  
**(Signature of the Sole Proprietor along with stamp of Proprietorship Firm)**

### **UNDERTAKING**

**(To be signed by Individuals as well as Sole Proprietors)**

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 **simple and performing Mutual Fund schemes, as defined in SEBI Circular no. CIR/IMD/DF/21/2012 dated September 13, 2012.**

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/  
SOLE PROPRIETOR ALONG WITH STAMP OF PROPRIETORSHIP FIRM)**

**PLACE:** \_\_\_\_\_

## DOCUMENT REQUIREMENT FOR NEW CADRE OF DISTRIBUTORS

Category	Required Documents/ Instructions	Registration Fees
1. Postal Agents 2. Intermediaries / Agents engaged in Distribution of Financial Products e.g. Insurance Agent, FD Agent, National Savings Scheme Products, PPF, etc. Registered with any other Financial Services Regulator 3. Business Correspondents appointed by Banks	1. NISM-Series-V-B: Mutual Fund Foundation Certification Examination or NISM Mutual Fund Foundation CPE Programme 2. Appointment letter issued by the respective Authorities 3. Self Attested Copies of Identity Proof and Address Proof as mentioned in KYD application 4. Two stamp size colour photographs	Rs. 1,500/-
1. Retired Govt. & Semi Govt. Officials 2. Retired Teachers 3. Retired Bank Officials	1. NISM-Series-V-B: Mutual Fund Foundation Certification Examination or NISM Mutual Fund Foundation CPE Programme 2. Experience certificate issued by the employer and the relieving letter issued by employer. 3. Self Attested Copies of Identity Proof and Address Proof as mentioned in KYD application 4. Two stamp size colour photographs	Rs. 1,500/-
Proprietorship Firms	1. Document requirements as mentioned above depending on the category to which the Sole Proprietor belongs. 2. Additional requirement : Self Declaration for Proprietorship firm as per the format mentioned above.  <u>Instructions :</u> 1. Photographs of the Sole Proprietor to be submitted. 2. Test/ CPE certificate details, Qualifications of the Sole Proprietor to be furnished. Bank details of the Proprietorship Firm to be furnished.	Rs. 3,000/-  (Rs. 1,500/- for registration of Proprietary concern and Rs. 1500/- for registration of the Sole Proprietor and allotment of EUIN to the Sole Proprietor)

The prescribed fees can be paid only by demand draft in favour of the 'Association of Mutual Funds in India' payable at the location of the CAMS office to which the form is submitted.

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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)