The Wealth Company
MUTUAL FUND

NOMINATION FORM FOR DISTRIBUTOR (FOR INDIVIDUALS / SOLE PROPRIETORS ONLY)

Toll Free Number : 1800 267 3454 | Email : investorcare@wealthcompany.in | Website : www.wealthcompanyamc.in

To,
The Wealth Company Mutual Fund
Pantomath Nucleus House,
Saki Vihar Road,
Andheri East,
Mumbai – 400072
India

Distributor Details

Name :

ARN Code :

Dear Sir / Ma'am,

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.

1. NOMINEE NAME

Nominee Name

Relationship

Date of Birth D D M M Y Y Y Y

Address

City State Pin

Email Nominee Email ID (ONLY IN CAPITAL LETTERS) Mobile*

2. GUARDIAN NAME (If the nominee is minor)

Gaurdian Name

Address

City State Pin

Signature: Signature of Nominee / Guardian

Please note: This nomination made by you now will override and replace any earlier nomination registered (including Trail Non Stop registration) and the old nomination shall stand cancelled on the registration of this nomination as appointed by you

Place: _____

Date: _____

Signature: Signature of Distributor

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ACKNOWLEDGEMENT SLIP

Received from Mr/Ms/M/s : _____ Distributor

☐ Registration of Nominee in ARN no. _____

Time Stamp & Date
of receiving office