





### FOR EMAIL AND SMS DELIVERY ONLY

Name

Folio No. 1)  3)   Kindly update all folios with following PAN as First Holder  
 2)  4)  PAN

### CONFIRMATION / UPDATION OF MOBILE NO. / EMAIL ID IN AFORESAID FOLIO(S) [PLEASE TICK (Ü)]

#### FIRST APPLICANT'S DETAILS

CKYC NO.  Date of Birth  /  /  Gender  Male  Female  Others

MOBILE NO.

EMAIL ID

I wish to receive Scheme Annual Report and Abridged Summary :  
 **Online (Preferred & Default)**  Physical Copy (Choose **online mode** to help us **save paper** and contribute towards a greener and cleaner environment.)  
 I declare that Mobile Number in this form belongs to (tick one option)  Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.  
 I declare that Email address provided in this form belongs to (tick one option)  Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.

#### SECOND APPLICANT'S DETAILS

CKYC NO.  Date of Birth  /  /  Gender  Male  Female  Others

MOBILE NO.

EMAIL ID

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 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.  
 I declare that Email address provided in this form belongs to (tick one option)  Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.

#### THIRD APPLICANT'S DETAILS

CKYC NO.  Date of Birth  /  /  Gender  Male  Female  Others

MOBILE NO.

EMAIL ID

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 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.  
 I declare that Email address provided in this form belongs to (tick one option)  Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.

#### GUARDIAN OR POA APPLICANT'S DETAILS

CKYC NO.  Date of Birth  /  /  Gender  Male  Female  Others

MOBILE NO.

EMAIL ID

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 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.  
 I declare that Email address provided in this form belongs to (tick one option)  Self  Spouse  Dependent Children  Dependent Siblings  
 Dependent Parents  Guardian  PMS  Custodian  POA, and approve for usage of these contact details for any communication with FTMF.

I request you to update my email id and mobile number in the folio nos mentioned above so that I can avail various services via email instead of physical. I have read and understood the terms and conditions of Scheme Information Document and Statement of Additional Information.

Sole / First Applicant	Second Applicant	Third Applicant	Guardian or POA Applicant's Details