Form for 'Aadhaar Linking of Authorized Signatories'

Our Mission... Your Growth

CAMS

Certificate from Company Secretary/any other competent authority of the Organization

To

MFRTAs/Mutual Funds
<Address>

Name of the Non-Individual																																						

PAN:										

I/We, _____, Company Secretary / Competent Authority *(to issue this certification on behalf of the organization)* hereby confirm that enclosed list of personnel covers all authorized signatories *(associated with MF investments and allied activities)* on behalf our organization. These signatories have consented in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in the corresponding non-individuals folios.

This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to MFRTAs/participating MFs for updates and onward sharing.

Regards

For <Name of the Non-Individual)>

<Company Secretary / Competent Authority (Name & Sign with stamp/seal)>

Enclosed: List of Authorized Signatories along with their Aadhaar card copies

Version 1.4

Annexure – List of Authorized Signatories:

PAN / PEKRN: | | | | | | | | | | |

S. No.	Name of the Authorized Signatory (AS)# (as per Aadhaar Card)	Date of Birth (as per Aadhaar Card) #	Gender (M-Male; F-Female; T-Transgender)	PAN of AS*#	Aadhaar Number of AS*# (Proof to be enclosed)	Signature of AS# (Consent for sharing Aadhaar information, authentication with UIDAI in accordance with Aadhaar Act, 2016 and sharing with MFs/RTAs as indicated in the covering letter)	Photo of AS (optional) [Stamp Size photo]
		(dd-mmm-yyyy)					
		(dd-mmm-yyyy)					
		(dd-mmm-yyyy)					
		(dd-mmm-yyyy)					
		(dd-mmm-yyyy)					
		(dd-mmm-yyyy)					

 # Mandatory fields
**where PAN & Aadhaar is not applicable (in case of Foreign Directors), any other officially valid document (like Passport) to be submitted along with photograph to be affixed*

Signature of Company Secretary / Competent Authority & with Stamp, Seal & date

Version 1.4