

# DECLARATION FORM FOR OPTING OUT OF NOMINATION



(Please fill the form in English and in BLOCK Letters) Fields marked with '\*' are mandatory fields.

Date

To

**NJ MUTUAL FUND / NJ ASSET MANAGEMENT PRIVATE LIMITED**

**REGISTERED OFFICE OF AMC:**

Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat.

**CORPORATE OFFICE AMC / HEAD OFFICE OF NJ MUTUAL FUND:**

Unit No. 101A, 1st Floor, Hallmark Business Plaza, Bandra (East), Mumbai - 400051, Maharashtra.

Mutual Fund Folio Number\*

Sole / First Holder Name\*

Second Holder Name\*

Third Holder Name\*

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents for claiming of assets held in my / our mutual fund folio/ demat account which may also include documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

### Name and Signature of Unitholder(s)\*

Signature Unitholder (1)

Signature Unitholder (2)

Signature Unitholder (3)

\_\_\_\_\_  
Name of Unitholder (1)

\_\_\_\_\_  
Name of Unitholder (2)

\_\_\_\_\_  
Name of Unitholder (3)

DETAILS OF THE WITNESS	
Name of Witness	
Address of Witness	
Signature of Witness	

\*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.