

## quant mutual

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## **Declaration Form for Opting Out of Nomination**

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

			Date D D M M Y Y Y Y
Folio Number*			
Sole / First Holder Name*			
Second Holder Name*			
Third Holder Name*			
	submit all the requisit		t in case of death of all the account holder(s), my / n competent authority, based on the value of assets
Signature Unitholde	er (1)	Signature Unitholder (2)	Signature Unitholder (3)
Name of Unitholde	er (1)	Name of Unitholder (2)	Name of Unitholder (3)