

CAMS AIF UNIT – CHANGE REQUEST FORM/ CHANGE OF CONTACT

To,

Date: _____

Computer Age Management Services Ltd
No. 158, Rayala Towers, Tower - I, I MEZ Floor,
Anna Salai ,Chennai – 600002

FOLIO Number: _____

Scheme Name: _____, a scheme of 'KARMA CAPITAL INDIA FUND' that is registered with SEBI as a Category-III AIF.

I/We _____
request you to update the new contact details to the aforementioned folio(s) in your records as per the details below.
I/we authorize you to send all future correspondence to the new details mentioned below.

New Contact details

Email address1:						
Email address2:						
Mobile Number1:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	(Country Code)	(Mobile Number)				
Mobile Number2:	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	(Country Code)	(Mobile Number)				
Telephone no (Home)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	(Country Code)	(Local Code)	(landline Number)			
Telephone no (Work)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	(Country Code)	(Local Code)	(landline Number)			
Fax No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	(Country Code)	(Local Code)	(landline Number)			

Yours Sincerely,

	First Holder	Second Holder
Name		
Signature		

Instructions

1. All holders have to sign the change request form.