

Date 

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To,  
Capitalmind Mutual Fund,

Dear Sir/Madam,

I/We hereby give my/our consent to share/provide the transactions data feed/unit holdings in respect of my/our investments under DIRECT PLAN in all schemes\*/the following scheme\*s of Capitalmin mutual fund to the below named SEBI-Registered Investment Adviser.

\*Delete whichever is not applicable

Folio No:	Scheme Name
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Name of the Investment Adviser

SEBI Registration No.

Address

City 



 State 



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Email 



 Mobile 



  
(EMAIL id to be written in CAPITAL letters)

Date		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>		Sign Here First/Sole Applicant/Guardian		Sign Here Second Applicant		Sign Here Third Applicant	
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