

## **Registered Investment Advisor (RIA) Consent Form**

CONSENT TO PROVIDE "DIRECT PLAN" TRANSACTION DATA FEED TO INVESTMENT ADVISER

Toll Free Number : 1-800-570-5001 Email: support@capitalmindmf.com | Website: https://www.capitalmindmf.com

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.

| Defete white  | cnever is not applic | able         |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|---------------|----------------------|--------------|-------|-------|-----|---|-------------|--|--|---|--|--|--|--|--|---|-----|-----|--|--|--|-------|--|--|--|
| Folio No:     |                      |              |       |       |     |   | Scheme Name |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|               |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|               |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|               |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|               |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|               | Investment Adviser   |              |       |       |     |   |             |  |  | ] |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
| SEBI Registra | ition No.            |              | Ш     |       | _   | + |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
| Address       |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
|               |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   |     |     |  |  |  |       |  |  |  |
| City          |                      |              |       |       |     |   | State       |  |  |   |  |  |  |  |  |   |     |     |  |  |  | Pin [ |  |  |  |
| Email         |                      |              |       |       |     |   |             |  |  |   |  |  |  |  |  |   | Mob | ile |  |  |  |       |  |  |  |
|               | (EMAIL id to be w    | ritten in CA | PITAL | lette | rs) |   |             |  |  |   |  |  |  |  |  | _ |     | L   |  |  |  |       |  |  |  |

| Date D M M Y Y Y Y | Sign Here<br>First/Sole Applicant/Guardian | Sign Here<br>Second Applicant | Sign Here<br>Third Applicant |
|--------------------|--|-------------------------------|------------------------------|
| Place              | Name:                                      | Name:                         | Name:                        |
|                    | PAN PAN                                    | PAN PAN                       | PAN PAN                      |