

## ADDITIONAL DECLARATION FROM DISTRIBUTORS/ REGISTERED ARN HOLDERS

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

Distributor ARN No.			
employees etc.) emp have not, directly/ ind marketed/ solicited/ soutside India where and wherein Capitalm Scheme of Capitalmin	panelled with Capitalm lirectly through any mo sold units of schemes of in the schemes of Ca nind Mutual Fund is not and Mutual Fund.	ncluding my agent ind Mutual Fund he des of communicati of Capitalmind Mut pitalmind Mutual Fu permitted to acces	s, sub-distributors, reby confirm that I/ We ion, communicated/ rual Fund in jurisdiction and are not registered of investments in the
stated in the applicat	ion form for investmen		s from the investors a hysical mode.
Name and Signature		1	

3. I/ We hereby agree to provide any additional information/ documentation to Capitalmind AMC, its Agents, employees, its Registrars etc. that may be required in connection with the investments made under my/ our ARN in the schemes of Capitalmind Mutual Fund .

Date:

4. I/ We shall indemnify Capitalmind Mutual Fund AMC/ Capitalmind Mutual Fund and its Sponsor/ Group/ Associates, its Officers/ Directors/ Employees in respect of any loss, cost, charge, expense and such other claims which may be incurred due to my/ our misdemeanor not being limited to mis-selling, misrepresentation, false/ inaccurate/ incomplete information to the investors in relation to the investments made by these investors in the Scheme of Capitalmind Mutual Fund.