

AMFI REFRESHER COURSE IN MUTUAL FUNDS

REGISTRATION FORM

ARN:

(Attach photocopy of ARN card)

APPLICANT'S NAME (TO BE PRINTED ON CERTIFICATE) Title: Mr. / Mrs. / Ms.

Grid boxes for name and title

Grid boxes for address

DATE OF BIRTH

Grid boxes for date of birth (DD, MM, YYYY, M/F)

PASSPORT - SIZE COLOUR PHOTOGRAPH OF CANDIDATE PASTE (DO NOT STAPLE)

ADDRESS

Horizontal lines for address

EMAIL: Tel No:

Mobile: RCMF Centre: RCMF Date:

Payment details:

DD No. DD date: Rs. 1,500/- (Rupees One thousand Five Hundred only) Issuing bank: favouring IICM, payable at Mumbai.

Cash deposited at AXIS Bank(S/B account number 072010100287494) at on (date) Rs. 1,500/- (Rupees One thousand Five Hundred only).

I certify that the above information provided is true and correct.

Candidate's Signature Place: Date:

Indian Institute of Capital Markets, Plot # 82, Sector 17, Vashi, Navi Mumbai -400 705

ACKNOWLEDGMENT/RECEIPT

We thankfully acknowledge the receipt of Rs. 1,500/- by DD/Cash bearing number dated drawn in favour of Indian Institute of Capital Markets/Cash deposited in Axis Bank's branch in S/B account number 072010100287494 of Indian Institute of Capital Markets on (date) from Mr./Ms.

Authorized Signatory

For Indian Institute of Capital Markets Date: