APPLICATION FORM FOR ADDITIONAL PMS ACCOUNT

Date: _____

Code	:	
Name of the First/ Sole Holder	:	
Name of the Second Holder	:	
Name of the Third Holder	:	

I am / We are holding above-referred Portfolio Management Services (PMS) Account with you. I / We hereby request you to open additional PMS account under the earlier PMS Agreement dated _____executed between us.

I/We understand the investment objectives under the new strategy as elaborated in the enclosed Mandate for Portfolio Selection and Asset Allocation and have read and understood the Disclosure Document and illustration on fees and charges. I/We understand that the Portfolio Management Agreement and Supplemental Agreement (if any) shall continue to remain in force be applicable to my/our investment in above mentioned "Strategy" as well.

I/We confirm that I/We have read and understood the schedule of fees and that the fees applicable for the new investment approach attached herewith shall be applicable to me / us.

I/We further confirm that there are no changes in the KYC information (like address, list of directors / shareholders / authorized signatories etc.) provided earlier at the time of account opening and hence request you to please consider the same documentation.

Name of the Sole/ First Holder/ Authorized Signatory	Name of the Second Holder/ Authorized Signatory	Name of the Third Holder/ Authorized Signatory

Encl: A/a