

Ventura AMCL Balanced Fund

Account Holder's Details

Name	
Registered Folio No	
Unit Certificate No	
BO ID No	



Power of Attorney
(Attested by A/c Holder)

Power of Attorney Holder's Details

Name					
NID No					
Date of Birth	DD / MM / YYYY	Power of Attorney Effective from	DD / MM / YYYY	to	DD / MM / YYYY
Residency	Resident <input type="checkbox"/>	Non-resident <input type="checkbox"/>	Nationality		
Passport No.			Issue Place		
Issue Date	DD / MM / YYYY		Expiry Date	DD / MM / YYYY	

Power of Attorney Holder's Contact Details

Address					
City		Postal Code			
Division		Country			
Mobile No.		Telephone			
Email					

Power of Attorney Holder's Signature_____

Date of Application_____

Declaration

I declare that the particulars given by me are true to the best of my knowledge as on the date of making such application

Signature of Application(s)