

COMMON - INTERMEDIARY CHANGE REQUEST FORM

Date: ____

Part A – Client Name: PMS Account Code:

Part B- Intermediary Details: (To be Filled if	New Intermediary mapping is requested to Distributor only)	
Name of New	NISM 21A RM Name	
Distributor		
NISM 21A RM Email id	NISM 21A RM Contact	
	no	
New Service RM 1	New Service RM 1 email	
Name	address	
New Service RM 2	New Service RM 2 email	
Name	address	

Part C - Undertaking Cum Declarations

I/We understand, as a result of Distributor Change Request, Marcellus will need to compute the fees due and recover the same before executing the my/our request.

I/We understand that except for the above recovery, my/our billing cycle will continue to remain as the Financial Year ending on March 31st or the account activation anniversary date, as the case may be.

Part D – Important Notes:

- 1. In case of fee structure & rate change. Please submit a separate fee change form in addition to this form.
- 2. As per the distribution agreement executed with the distributor, Marcellus will communicate such receipt request to the old distributor before executing the change request. Incase of no response from old distributor on such communication within T+7 days (T being the date of email send to old distributor)
- 3. The TAT to execute such request is T+10 working days. Please note that Distributor change request cannot be affected on the 1st or the last day of the month.
- 4. Client signature should be same as registered in the Marcellus records or as per the Account Opening Documents.
- In case of any incomplete information provided on Intermediary Change request form the said request will 5. be under discrepancy until complete information is received from the client.

Name: First Applicant	Name: Second Applicant	Name: Third Applicant
		
Sign:	Sign:	Sign:

Incase of entity is Non individual (i.e, Company, Trust, Partnership, HUF or LLP) seal of the entity is required along with ASL signature.