ALDER CAPITAL

Fund Top-up Form

Distributo RM Name	r Name			
		f New Link Road, Andheri-	West,	
Dear Sir/N	Madam,			
Sub: <u>Addi</u>	tional Investme	nt (Top-up) in PMS Accoun	ı <u>t</u>	
This has re	eference to my/o	our Portfolio in Alder Capita	al PMS in name of	
Pursuant	to my/our said a	ccount, I/We would like to	invest additional funds	(as Top-up) as per details below:
Sr No	Strategy	Amount		Amount In words
1	B2C Growth	INR.		
	Total	INR.		
Details of	payment:			
Cheque N	o / NEFT / RTGS	Ref. No	dated	Bank Name
		Branch		
I/We unde in PMS Ba		ds receipt acknowledgeme	nt will be provided by A	older Capital once the funds are cleared
Thanking	you, Yours truly,			
Signature	(1st Applicant)	Signature (2 ⁿ	d Applicant)	Signature (3 rd Applicant)
1 st Applica	ant Name	 2nd Applicar	nt Name	3rd Applicant Name

Note: Minimum is 1Lac & in multiples of lacs