

То,			
360 ONE Mutual Fund	Date	Date:	
Dear Sir/Madam,			
Folio number:PAN Number:			
Subject: Revocation of Power of Attorn	ney (POA)		
	ne Power of Attorney (POA) previously gra which authorized the pers t accounts.		
POA Holder details:			
Full Name as per PAN: Address: PAN:			
Contact Number:E-mail:			
Relationship to Investor:			
Sole / First Holder	Second Holder	Third Holder	
* Request letter to cancel POA to be signed by all the unit holders (irrespective of mode of operation).			
ACVAIOWI FDCFMFNT SUD			
ACKNOWLEDGEMENT SLIP			
Received from Mr./Mrs./Ms			
An application for POA registration in Folio No:		Signature, Date and Time	
Scheme/ Plan/ Option/ Sub-Option:		Stamp of receiving office.	