

REQUEST FOR TRANSMISSION OF UNITS
(Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

To:
The Trustees,

Date: _____

_____ Mutual Fund

Sirs,

Request for deletion of name(s) of the 2nd/ 3rd Holder

Sr.#	Scheme Name	Folio No	No. of Units
1			
2			
3			
4			

I/We, the surviving Unit holder/s in the above schemes/folios regret to inform you the demise of the following joint holder(s) on the dates mentioned below –

Name(s) of the Deceased Unitholder(s)	Date of demise*
2.Mr./Ms.	DD / MM / YYYY
3.Mr./Ms.	DD / MM / YYYY

A certified copy of his/her/their Death Certificate/s is/are attached herewith.

I/ we, therefore, request you to delete the name/s of the aforesaid deceased unitholder/s in your records and transmit the Units in the abovementioned folios in my/our name/s.

I also request you to update my email and mobile no. in your records as follows:

Mobile No.+91	Tel.No. STD
Email Address	

The existing bank account details registered in the above folios may be Continued*/ Replaced* as per attached fresh Bank Mandate Form.

Nomination (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to continue the existing nomination made by me/us in the above folios previously.
<input type="checkbox"/> I/We wish to make a fresh nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held my/our folio in the event of my / our death.

Name & Signature of the surviving Unit holder/s

Name	PAN	Signature
1.		
2.		

* Please tick (✓) whichever is applicable.

Attachments:

- Copy of Death Certificate of the deceased unitholder
- Fresh Bank Mandate Form along with Cancelled cheque of the new bank account
- Nomination Form duly completed
- KYC of the surviving unit holder(s), *if not already complied earlier.*

Request for Transmission of Units by Surviving Joint Holder/s
(Where the 1st holder is Deceased)

To:
The Trustees,

Date: _____

_____ Mutual Fund

Sirs,

I/We, the joint holder/s in the below mentioned Schemes/ folios hereby inform you that the 1st Holder in the said folios, viz., Mr./Ms. _____ expired on DD-MMM-YYYY.

A certified copy of his/her Death Certificate is attached herewith.

Sr#	Scheme Name	Folio No	No. of Units
1			
2			
3			
4			
5			

I/ we, the surviving Unitholder/s therefore request you to transmit the Units in the abovementioned folios in my/our name/s in the following order:

UH	Name of the Unitholder	PAN	Tax Status:
1	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO

I/ we also request you to pay the UNCLAIMED amounts, *if any*, in respect of the deceased unitholder to the aforesaid new Holder no.1, named at sr.no. 1 above, by direct credit to the bank account mentioned hereinbelow.

Contact Details of Holder no.1

Mobile No. +91	Land Line No.
Email Address	

Address of Holder no.1 (Please note that your address will be updated as per your address on KYC form / KYC Registration Agency records)

Address Line 1	
Address Line 2	
City:	State
PIN	

Bank Account Details of Holder no.1

Bank Name	
Account No.	11-digit IFSC
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN
Please attach & tick ✓ any one of the following to validate your bank details :	
<input type="checkbox"/> Cancelled cheque with claimant's name & account pre-printed <input type="checkbox"/> Bank Statement/Passbook having claimant's name	
<input type="checkbox"/> Certification of the bank account details - on bank's letterhead or in Form Annexure 1.	

Additional KYC details Holder no.1 (Please tick ✓)

Occupation Details
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist
<input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <i>Please specify</i>
The claimant is <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (not applicable)
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore

FATCA and CRS details

Country of Birth _____		Place of Birth _____
Nationality _____		Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

Nomination[@] (Please one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. <i>(Please tick <input checked="" type="checkbox"/> if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held my/our folio in the event of my / our death.

Declaration and Signature of Claimant/s

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I/we undertake to keep the Mutual Fund/ its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.
- I / We hereby authorize _____ Mutual Fund & its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Signature of Claimant 1 (new Holder no.1)	Signature of Claimant 2 (new Holder no.2)
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Attachments:

1. Copy of Death Certificate of the deceased unitholder
2. Copy of PAN Card of Claimant
3. Cancelled cheque of the new first unit holder with name pre-printed OR
 Statement/Passbook of the new first unit holder OR
4. KYC of the surviving unit holder(s), *if not already complied earlier.*
5. Nomination Form duly completed.

Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

Form T3

To:

The Trustees**Mutual Fund**

Name of the Claimant Mr./Ms.	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* / /
Mr./Ms.	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian):	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	

**Please attach relevant proof*

I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and request you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as –

Nominee Legal Heir Successor to the Estate of the deceased Administrator of the Estate of the deceased

Name of the deceased Unitholder(s)	Date of demise*
1)	DD / MM / YYYY
2)	DD / MM / YYYY
3)	DD / MM / YYYY

Please attach certified copy of Death Certificate.*Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested**

Scheme Name	Folio No.	No. of Units	% of Claim [@]
1)			
2)			
3)			
4)			

*@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.***Contact details of the Claimant**

Mobile No.+91	Tel. No. STD -
Email Address	

Address *(Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency records)*

Address Line 1		
Address Line 2		
City:	State	PIN

Bank Account Details of the Claimant

Bank Name	
Account No.	11-digit IFSC
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN

*Please attach & tick ✓ Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook***I also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder(s) to me by direct credit to the bank account mentioned above.****Additional KYC information** (Please tick ✓ whichever is applicable)

Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)
The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore

FATCA and CRS information

Country of Birth _____ Place of Birth _____	
Nationality _____	
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below	
Country	Tax-Payer Identification Number

Nomination[@] (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held my/our folio in the event of my / our death.

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration and Signature of the Claimant

I have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____	Signature of Claimant
Date _____	
Signed before me	
At: _____	Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.
On : _____	

Note: *This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹2 lakhs*

Documents Attached

- Copy of Death Certificate of the deceased unitholder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian
- KYC Acknowledgment OR KYC form of Claimant
- Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure-I - Bank Attestation of Signature & bank a/c. *(if the aggregate value of the Units being transmitted is up to ₹2 lakh)*
- Annexure-II - Bond of Indemnity furnished by Legal Heirs
- Annexure-III - Individual Affidavits given EACH Legal Heir
- Annexure - IV - NOC from other Legal Heirs

Transmission Request Form for Change of Karta upon demise of the registered Karta

To:
The Trustees,

Date : _____

_____ Mutual Fund

Name of the HUF:
Name of the new Karta: Mr./Ms. _____
PAN of the new Karta _____ <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached

I, the surviving co-parcener of abovenamed HUF, hereby inform you that, Mr. _____, the Karta of the above HUF who was managing the affairs of the HUF, expired on _____ and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records in respect of the investments of the HUF in the following schemes / folios:

Scheme Name	Folio No.	No. of Units
1.		
2.		
3.		
4.		

Contact Details of the new Karta

Mobile No. +91 _____	Land Line No. _____
Email Address _____	

Address of HUF (Please note that the address of the HUF will be updated as per address on KYC form / KYC Registration Agency records)

Address Line 1 _____		
Address Line 2 _____		
City: _____	State _____	PIN _____

Bank Account Details of the HUF

Bank Name _____	
Account No. _____	11-digit IFSC _____
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current	9-digit MICR No. _____
Name of bank branch _____	
City _____	PIN _____
<i>Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank Statement/Passbook of the HUF to validate your bank details & Banker's Certification of the bank account details and signature of the new Karta as per Annexure I.</i>	

I also request you to pay the UNCLAIMED amounts, *if any*, in respect of the HUF by direct credit to the bank account mentioned above.

I hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

Name the new Karta _____	Signature _____
	X

Documents Attached

- Copy of Death Certificate of the deceased Karta
- Cancelled cheque with HUF name pre-printed OR Bank Statement/Passbook of the HUF
- Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure I A
- KYC Acknowledgment OR KYC Form of the HUF (*if the HUF is not KYC compliant*)
- Bond of Indemnity signed by all surviving coparceners (including the new Karta) as per Annexure V.
- Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta

Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

To:

Date : _____

The Trustees,

Mutual Fund

Name of the Claimant: Mr./Ms.	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* / /
Mr./Ms. _____	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian):	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	
Name of the HUF:	
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____.	
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR <input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree. <i>(Please tick✓ whichever is applicable)</i>	

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim [@]
1)			
2)			
3)			
4)			

*@ as per Deed of Settlement / Partition of HUF / Decree of the competent court***Contact Details of the claimant**

Mobile No. +91 _____	Land Line No. _____
Email Address _____	

Address *(Please note that the address of the claimant will be updated as per address on KYC form / KYC Registration Agency records)*

Address Line 1 _____		
Address Line 2 _____		
City: _____	State _____	PIN

Bank Account Details of the claimant

Bank Name _____	
Account No. _____	11-digit IFSC
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch _____	
City _____	PIN

*Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure I*I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF *if any*, to me by direct credit to the bank account mentioned above.**Additional KYC information** *(Please tick✓ whichever is applicable)*

Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ <i>(Please specify)</i>
The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore

FATCA and CRS information

Country of Birth _____ Place of Birth _____	
Nationality _____	
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below	
Country	Tax-Payer Identification Number

Nomination[@] (Please ✓ one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held my/our folio in the event of my / our death.

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration and Signature of the Claimant

I have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____	Signature of Claimant
Date _____	
Signed before me	
At: _____	
On : _____	
Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.	

Note: *This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹2 lakhs*

Documents Attached

- Copy of Death Certificate of the deceased Kata Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian KYC Acknowledgment OR KYC form of Claimant
- Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure-I - Bank Attestation of Signature & bank account *(if the value of the Units being transmitted is upto ₹2 lakhs)*
- Bond of Indemnity signed by surviving coparceners as per Annexure VI.
- Notarised copy of Deed of Settlement Deed of Partition of HUF Decree of the competent court