

**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:

The Trustees,

Date : \_\_\_\_\_

Mutual Fund

<b>Name of the Claimant:</b> Mr./Ms. _____	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table> / <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>
Mr./Ms. _____	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian): <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>	<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) _____	
<b>Name of the HUF:</b> _____	
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 <input checked="" type="checkbox"/> whichever is applicable)</i>	

Therefore I hereby request you to transmit the Units held by the HUF in the following schemes & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim <sup>@</sup>
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 _____	
The above Contact details belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian of Minor	

**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 <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>

**Bank Account Details of the claimant**

Bank Name _____	
Account No. _____	11-digit IFSC <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
A/c. Type Please tick <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No. <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table>
Name of bank branch _____	
City _____	PIN <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"></table>

*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 claimant as per Form Annexure 1(a)*

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)

<b>Occupation</b> <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)

<b>Gross Annual Income (₹)</b> <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
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### 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 <b>DO NOT</b> wish to make a nomination. <i>(Please tick ✓ if the claimant does not wish to nominate anyone)</i>
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s specified in the separate Nomination form attached herewith to receive the Units held my/our folio in the event of my death.

### 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/discard 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 _____	
<b>Signed before me</b>	
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 ₹5 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
- ☐ Annexure-I(a) - Bank Attestation of Signature & bank account *(if the value of the Units being transmitted is upto ₹5 lakhs)*
- ☐ Bond of Indemnity signed by the Claimant in Annexure VI.
- ☐ Nomination Form duly signed by the Claimant
- Notarised copy of ☐ Deed of Settlement ☐ Deed of Partition of HUF ☐ Decree of the competent court