

REQUEST FOR TRANSMISSION

(Deletion of name/s of Joint Holders on event of death of the joint Holder)

To:
The Portfolio Manager/Investment Manager,

Date	D	D	M	M	Y	Y	Y	Y
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Sir/Madam,
I/We, the joint holder/s in the below mentioned Approach / Schemes hereby inform you that the Joint Holder in the said folios, viz., Mr./Ms. _____ expired on DD-MMM-YYYY.

Sr. No	APPROACH NAME/SCHEME NAME	FOLIO No	No. OF UNITS

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

Sr. No.	NAME OF THE UNITHOLDER	PAN	TAX STATUS
	Mr./Ms		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
	Mr./Ms		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO

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

CONTACT DETAILS (ALL THE COMMUNICATION SHALL BE MADE ON ABOVE EMAIL ID AND MOBILE NUMBER)

Email ID <small>(in capital letters)</small>		Self	Spouse	Others <small>(Please Specify)</small>
Mobile No.	+ (Country Code) + (STD Code) + (Mobile No.)	Self	Spouse	Others <small>(Please Specify)</small>

The above Contact details belongs to ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Parent ☐ Sibling ☐ Guardian of Minor

ADDRESS (PLEASE NOTE THAT YOUR ADDRESS WILL BE UPDATED AS PER YOUR ADDRESS ON KYC FORM / KYC REGISTRATION AGENCY RECORDS)

Line 1 •					
Line 2					
Line 3			City Town Village*		
District*		Pin/Post Code*		State/U.T Code*	
				ISO 3166 Country Code*	

BANK ACCOUNT DETAILS

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/Post Code*

Please attach & tick✓ any one of the following to validate your bank details :
☐ Cancelled cheque with claimant's name & account pre-printed ☐ Bank Statement/Passbook having claimant's name
☐ Certification of the bank account details - on bank's letterhead or in Form Annexure 1a.

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"/> 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
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		
Country of Birth	Place of Birth	

Nationality _____ Are you a tax resident of any country other than India? ☐ Yes ☐ 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

- ☐ I/We DO NOT wish to make a nomination (Mandatory to tick ✓ if you do not wish to nominate anyone)
- ☐ I/We wish to make a nomination and I / We do hereby nominate the person specified in the separate Nomination form attached herewith 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 Portfolio Manager/Investment Manager/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.
- I / We hereby authorize _____ Portfolio Manager/Investment Manager/AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Portfolio Manager/Investment Manager/AMC/RTA 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 Portfolio Manager/Investment Manager/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.

Sign

ATTACHMENTS

- ☐ Copy of Death Certificate of the deceased holder
- ☐ Copy of PAN Card of Claimant
- ☐ Cancelled cheque of the new first holder with name pre-printed OR
- ☐ Statement/Passbook of the new first holder OR
- ☐ Bank Attestation of Signature & bank account details of the Claimant as per Annexure-Ia
- ☐ KYC of the surviving holder(s).
- ☐ Nomination Form duly signed by surviving unit holder/s
- ☐ Bond of Indemnity furnished by Joint Holder/s