

REQUEST FOR TRANSMISSION BY NOMINEE OR LEGAL HEIR

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

To:
The Portfolio Manager/Investment Manager,

Name of the Claimant	Prefix	First Name	Middle Name	Last Name
Name of the Guardian	in case the claimant is a minor →			Date of Birth of the minor*
	Prefix	First Name	Middle Name	Last Name
Relationship with Minor:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*			
Date of Birth	<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 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 held by the deceased holder(s) in my favour in my capacity as <input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> Administrator of the Estate of the deceased			
Sr.	Name of the deceased Holder(s)	Id. PROOF ATTACHED**	DATE OF DEMISE**

*Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id. (any one)

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

Sr.	Approach Name/Scheme Name	Folio No.	No. of Units	% of Claim@

@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

CONTACT DETAILS OF THE CLAIMANT

Email ID (in capital letters)	
Mobile No.	+ (Country Code) + (STD Code) + (Mobile No.)
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 OF HOLDER NO.1 (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*

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/Post Code*

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 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? <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 <small>PLEASE ✓ ONE OF THE OPTIONS BELOW</small>										
<input type="checkbox"/> I/We DO NOT wish to make a nomination (Mandatory to tick ✓ if you do not wish to nominate anyone)										
<input type="checkbox"/> 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										
<ul style="list-style-type: none"> 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 										
<div style="background-color: yellow; padding: 2px; display: inline-block; margin-bottom: 5px;">Sign</div>										
Date	D	D	M	M	Y	Y	Y	Y	Place	
DOCUMENTS ATTACHED										
<ol style="list-style-type: none"> <input type="checkbox"/> Copy of Death Certificate of the deceased holder <input type="checkbox"/> Copy of Birth Certificate (in case the Claimant is a minor) <input type="checkbox"/> Copy of PAN Card of Claimant / Guardian <input type="checkbox"/> KYC form of Claimant <input type="checkbox"/> Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook <input type="checkbox"/> Annexure-I(a)-Bank Attestation of signature & bank A/c. <input type="checkbox"/> Annexure-II - Bond of Indemnity furnished by Legal Heirs <input type="checkbox"/> Annexure-III - Affidavits of each legal heir <input type="checkbox"/> Annexure – IV - NOC from other Legal Heirs <input type="checkbox"/> Copy of PAN card or OVD of the deceased holder <input type="checkbox"/> Nomination Form duly signed by the Claimant <input type="checkbox"/> Agreement between Portfolio Manager/Investment Manager and Claimant 										