

Transmission Documents Matrix - Ready Reckoner

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
1	Prescribed Transmission Request Form	✓ Form T1	✓ Form T2	✓ Form T3	✓ Form T3	✓ Form T4	✓ Form T5
2	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer.	✓	✓	✓	✓	✓	✓
3	Copy of Birth Certificate (in case the Claimant is a minor)	NA	✓	✓	✓		✓
4	KYC of the Claimant / New Karta / Guardian (in case of nominee / claimant being a minor / of unsound mind)^.	✓	✓	✓	✓	✓	✓
5	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager.	✓	✓	✓	✓	✓	✓
6	Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I where Transmission value upto ₹ 200,000:	NA	NA	✓	✓		✓
7	Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure-1a	NA	NA	NA	NA	✓	NA
8	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class, if the Transmission value in more than ₹ 200,000: (in the space provided in TRF)	NA	NA	✓	✓	NA	✓

*If not KYC compliant

^ including Additional KYC details and FATCA/CRS declaration.

[Click here](#) to download Additional KYC details form.

[Click here](#) to download FATCA/CRS declaration form.

Supporting Legal Documents

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(i)#	Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) - duly notarised	NA	NA	NA	✓	NA	NA
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - duly Notarised	NA	NA	NA	✓	NA	NA
(iii)	Transmission value upto ₹200,000:						
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	NA	NA	NA	✓	NA	NA
	NOC from other Legal Heirs (Annexure – IV)	NA	NA	NA	✓	NA	NA
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	NA	NA	NA	NA	✓	NA
(iv)	Transmission value is more than ₹200,000:						
	(i) Notarised copy of the Probated Will OR	NA	NA	NA	✓	NA	NA
	(ii) Notarised copy Legal Heir certificate or Succession certificate issued by a competent court OR						
	(iii) Notarised copy Letter of Administration, in case of an intestate Succession						
	Notarized copy of – Deed of Settlement or Deed of Partition or Decree of the relevant competent Court	NA	NA	NA	NA	NA	✓
	In case of no surviving co-parceners and the transmission value is more than ₹ 200,000 OR where there is an objection from any surviving members of the HUF	NA	NA	NA	NA	✓	NA
(v)	Indemnity bond signed by all co-parceners including the new Karta (Annexure V)	NA	NA	NA	NA	✓	NA
(vi)	Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/ partitioned after demise of the Karta (Annexure VI)	NA	NA	NA	NA	NA	✓

In case the claimant produces any one of the documents mentioned at (iv) above, where transmission value is more than ₹ 2 Lakhs, then indemnity bond as mentioned at point no (i) would not be required

Note - All the supporting documents should be either notarized or a notarised copy duly attested by a Gazetted Officer with the Name , seal, signature and designation of the attesting official. For HUF, HUF seal to be affixed on all the documents.

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: _____

Baroda BNP Paribas 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*
1. Mr./Ms.	DD / MM / YYYY
2. 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. (Please tick ✓ if you do not wish to nominate anyone)
<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: _____

Baroda BNP Paribas 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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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		Tel.No. STD	
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 Please specify	
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. (Please tick ✓ if you do not wish to nominate anyone)
<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:

- ☐ Copy of Death Certificate of the deceased unitholder
- ☐ Copy of PAN Card of Claimant
- ☐ Cancelled cheque of the new first unit holder with name pre-printed OR
☐ Statement/Passbook of the new first unit holder OR
- ☐ KYC of the surviving unit holder(s), if not already complied earlier.
- ☐ 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)

To:

The Trustees,
Baroda BNP Paribas Mutual Fund

Name of the Claimant

Mr./Ms.

Name of the Guardian (in case the claimant is a minor) Date of Birth of the minor*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Mr./Ms. Relationship with Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian*

PAN (Claimant/Guardian):

--	--	--	--	--	--	--	--	--	--

☐ KYC Acknowledgment attached ☐ KYC form attached

Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO ☐ 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 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 Please specify																																																																																																			
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 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	Identification Type

Nomination® (Please ✓ one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<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: _____ Date : _____	Signature of Claimant
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

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

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

To:
The Trustees,

Date: _____

Baroda BNP Paribas 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./Ms. _____, 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		Tel.No. STD	
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	
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 1.									

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

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 1A
☐ 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:
The Trustees,

Date: _____

Baroda BNP Paribas Mutual Fund

Name of the Claimant	
Mr./Ms.	
Name of the Guardian (in case the claimant is a minor) Date of Birth of the minor* D D M M Y Y Y Y	
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. (Please tick ✓ whichever is applicable)	

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	 	Tel.No. STD	
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 1

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 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 Please specify	
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 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	Identification Type

Nomination® (Please ✓ one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<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: _____ Date : _____	Signature of Claimant
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

Bank Attestation of Account Details & Account-holder's signature

(where aggregate value of investment under all folios is up to ₹ 2 lakhs)

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date: DD/MM/YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____,

Name of the bank

_____ branch having the following Bank Account:

Account number	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify)	
9-Digit MICR No. <input type="text"/>	11-Digit IFSC <input type="text"/>

His/her address, as per our Bank records, is as follows:

City	PIN <input type="text"/>	State

Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
Signature of the bank official with Bank's Seal	
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* Mandatory

Bank Attestation of Account Details & signature of the New Karta of the HUF

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

Date: DD/MM/YYYY

TO WHOMSOEVER IT MAY CONCERN

This is to certify that , Name of the HUF _____ HUF

has the below-mentioned the Bank Account with our bank, namely, _____ Name of the bank & branch
_____ branch

Account number

A/C type ☐ Savings ☐ Current ☐ Others (Pl. specify)

9-Digit MICR No. _____

11-Digit IFSC _____

As per our Bank records, Mr./Ms. _____ Name of the Karta

is the registered Karta of the abovenamed HUF and the address of the said HUF is as follows:

City	PIN _____	State

Signature Verification by Bankers

Signature of the abovenamed customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records

Signature of the registered Karta

Signature of the bank official with Bank's Seal

Name* of the attesting Bank Official

Designation*

Employee Code*

Telephone Number*

* Mandatory

Bond of Indemnity to be furnished jointly by all Legal Heirs including the Claimant

(To be submitted on Non-judicial Stamp Paper of appropriate value)

[For Transmission of Units without production of Legal Representation on death of Sole Unit Holder or all Unit Holders in case of Joint Holding, where no nomination has been registered]

(where aggregate value of investment under all folios is up to ₹ 2 lakhs)

I/We do hereby solemnly affirm and state on oath as follows:

That Mr./Ms. _____ *Name of the deceased unit holder* was holding the Units in following schemes/folios :

Scheme Name	Folio No.	No. of units held
1		
2		
3		
4		

That the aforesaid unit holder died intestate on _____, without registering any nominee/s leaving behind him/her the following persons as the only surviving legal heirs, according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death.

Name of the Claimant/s	Address	Age	Relationship with the Deceased
1			
2			
3			
4			

Therefore, I/We, the deponent/s herein has/have, approached _____ Mutual Fund with a request to transfer the aforesaid Units in the name of the undersigned Mr./Ms. _____

_____, #, on my/our behalf, without insisting on production of a Succession Certificate or the order of a competent court, for which we or any one on our behalf, execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said Mutual Fund units to the name of the undersigned Mr./Ms. _____

_____, #, I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, the aforesaid Mutual Fund and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned Mr./Ms. _____

_____, #, without insisting on production of a Succession Certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF the said Mr./Ms. _____

_____, #, have hereunto set their respective hands and seals this day of _____.

Signed and delivered by the said legal heir/s.

Name the Legal Heirs	Signature of the Legal Heirs
1	
2	
3	

(*) = Name of the deceased unit holder (#) = Name of the claimant/s

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the _____ Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the claimant herein and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

S.No	Sureties Name & Address (Mandatory)	Signature of the Surety
1.		X
2.		X

Signed before me

at : _____

on : _____

Signature of Notary / JMFC

Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.:

Note: This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary

Individual Affidavits to be given by ALL the Legal Heirs

(For Transmission of Units on death of Sole Unit Holder / all Unit Holders in case of joint holding,
where **NO NOMINATION has been registered**)

Each Deponent (legal heir) shall sign separate Affidavits.

I, _____ #
son / daughter of _____
residing at _____
do hereby solemnly affirm and state on oath as follows.
That Mr./Mrs. _____ @
("the deceased Unitholder") held the following units in _____ Mutual Fund in his / her name as single holder / joint holder:

Scheme Name	Folio No.	No. of units held
1)		
2)		
3)		

☐ That the aforesaid deceased Unitholder(s) died intestate leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate* / Legal Heirship Certificate* dated _____ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. *

OR

☐ That the aforesaid deceased Unitholder died testate, leaving behind him/her, the following persons as the legatees as per the Probated Will dated _____ and without registering any nominee. *

A notarised copy of the Succession Certificate* / Legal Heirship Certificate* / Probated Will is attached herewith.

Name of the Claimant/s	Address	Age	Relation with the Deceased
1)			
2)			
3)			

That among the aforesaid legal heirs, Master / Kum. _____
aged _____ years is a minor and is being represented by Mr./Ms. _____ \$
being his / her father / mother / legal guardian.
I also indemnify the _____ Mutual Fund and its AMC and authorized Registrar through a separate Indemnity letter with third party Sureties.

Signature of the Deponent: X

VERIFICATION

I hereby solemnly affirm and state that what is stated herein above is true and correct. The original Death Certificate or original attested copy of the death certificate and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the abovementioned mutual fund units of the deceased.

Solemnly affirmed at

Signature of the Deponent: X

Signed before me

Place: _____

Date : _____

X _____

Signature of Notary with Official Seal of Notary & Regn. No.

* strikeout whichever is not applicable

= Name of the legal heir @ = Name of the deceased unit holder \$ = Name of the Guardian

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State]

No-Objection Certificate from the Legal Heir(s)

**Format of NOC from other Legal Heir(s) for Transmission of Units in favour of the Claimant wherein the Sole Holder
OR all Joint Holders in the folio(s) are deceased**

WITHOUT REGISTERING ANY NOMINATION

DECLARATION

I/We, the legal heir(s) of late Mr. / Ms. _____ (Name of the deceased Unit Holder)

declare as follows –

- (i) That the abovenamed deceased Unitholder was holding Units in the following Schemes/ folios of _____ Mutual Fund in his / her name as single holder/joint holder:

Scheme Name	Folio No.	No. of units held
1		
2		
3		

- (ii) That the deceased had died intestate on DD/MM/YYYY .and without registering any nominee.

- (iii) That I / We are the legal heir(s) of the deceased unit holder, apart from the Claimant, Mr. / Ms. _____, who has applied for transmission of the aforesaid Units.

Name of the Legal Heirs	Address	Age	Relationship with the deceased
1)			
2)			
3)			

- (iv) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid Units held by the deceased and I / we hereby willfully relinquish & renounce all my /our rights in respect of the aforesaid Units and shall have no legal claim upon said Units in future.

- (v) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in _____ Mutual Fund transmitting the aforesaid Units in favour of Mr. / Ms. _____

- (vi) I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge.

Deponent's Signature/s : 1) _____ 2) _____ 3) _____

VERIFICATION

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mutual fund units.

Solemnly affirmed at _____

Deponent's : 1) _____ 2) _____ 3) _____

Signed before me

Place: _____

Date : _____

X _____

Signature of Notary with Official Seal of Notary

Indemnity Bond for Change of Karta in respect of MF Units upon demise of the Karta

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State subject]

(To be signed by all the co-parceners including the new Karta)

I/We, the below mentioned surviving co-parcener(s) of _____ *Name of the Hindu Undivided Family* _____ HUF, (hereinafter referred to as "the HUF") hereby solemnly affirm and state on oath as follows –

(i) The HUF has investments in in the following Schemes / folios of _____ Mutual Fund:

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

(ii) The Karta of the above HUF, Mr. _____, who was managing the affairs of the HUF, expired on _____ and the persons mentioned below are the only living member(s) of the HUF:

Name of the coparcener(s)	Address	Date of Birth	Relation with the deceased Karta
1.			
2.			
3.			
4.			

(iii) I/We further affirm jointly and singly that Mr./Ms. _____ is the senior most coparcener of the HUF / is the new Karta duly appointed by all the surviving members of the HUF.

(iv) I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of Mr./Ms. _____ as the new Karta of the HUF in your records for which I/We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

(v) In consideration therefore of _____ Mutual Fund acceding to my/our request to replace the name of the Karta in the aforesaid Mutual Fund folios in the place of deceased Karta, I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless _____ Mutual Fund and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer and/or incur by reason of acceding to and acting on my/our request as herein above mentioned.

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

IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this _____ day of _____

Signed and delivered by

Name the Coparcener/s	Signature
1.	
2.	
3.	
4.	

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the _____ Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the coparceners hereinabove and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

S.No.	Sureties Name & Address (Mandatory)	Signature of the Surety
1.		X
2.		X

Signed before me

Place: _____

Date : _____

X _____
Signature of Notary with Official Seal of Notary

Bond of Indemnity to be submitted by the Claimant on dissolution of HUF or where there are no surviving members after demise of the Karta

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State subject]

I, _____ aged _____ years, presently residing at _____

and surviving member of _____ *Name of the Hindu Undivided Family* HUF, (hereinafter referred to as "the HUF") hereby solemnly affirm and state on oath as under:

1. That the HUF has investments/units in the following schemes/folios:

Scheme Name	Folio No.	No. of units held
1		
2		
3		
4		

2. That Mr. _____ who was managing the affairs of the HUF as its the Karta, expired on _____.

3. That after the death of the abovenamed Karta, the aforesaid HUF stands dissolved, as there are no other surviving coparcener except myself * OR as the surviving members of the HUF have decided to dissolve / partition the HUF vide Settlement Deed / Partition Deed / Court Decree dated _____.

4. That I have approached _____ Mutual Fund with a request to transmit the aforesaid Units / proportional units as per the Settlement Deed / Partition Deed / Court Decree dated _____ (hereinafter referred to as "the Units" in my name, in your records for which I execute the indemnity as is herein contained and on relying on the information herein given by me believing the same to be true.

5. That I agree and undertake to provide all necessary documents as may be required by _____ Mutual Fund for processing my request as aforesaid.

In consideration therefore of _____ Mutual Fund acceding to my request to transmit the Units in the Mutual Fund folios in my name, I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless _____ Mutual Fund, its asset management company and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer and/or incur by reason of acceding to and acting on my/our request as herein above mentioned.

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

IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this _____ day of _____

Signed and delivered by the within named

Name of the Claimant

Signature of the Claimant

Signed before me

Place: _____

Date : _____

X _____

Signature of Notary with Official Seal of Notary

Form for Fresh Nomination / Change of Existing Nomination/ Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders

Please read the instructions carefully before filling up this form

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of _____ Mutual Fund, do hereby

☐ Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or

☐ Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below

(tick whichever is applicable).

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

Name of the 1st Nominee		% of Allocation
PAN of the Nominee/Guardian*		Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *		
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others		
Address		
City	State	PIN

Name of the 2nd Nominee		% of Allocation
PAN of the Nominee/Guardian*		Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *		
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others		
Address		
City	State	PIN

Name of the 3rd Nominee		% of Allocation
PAN of the Nominee/Guardian*		Date of Birth of Nominee* DD/MM/YYYY
Name of the Guardian *		
Guardian's Relationship with Nominee <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		
Proof of relationship <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others		
Address		
City	State	PIN

*applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

☐ I/We **DO NOT** wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder
---------------------------------	---------------------------------	---------------------------------

Instructions

1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder **cannot nominate**.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
12. Nomination shall stand rescinded upon the transfer of units.
13. **Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
14. **Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).**
15. **Cancellation of Nomination:** Request for cancellation of Nomination made can be made only by the unitholders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer / transmit the units in favour of the Nominee.
16. Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.