

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. with STD code
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 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(b).

- 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 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.
- 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 1(b)
- KYC Acknowledgment OR KYC Form of the new Karta
- 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