

Request for Transmission of Units by Nominee or Legal Heir**Form T3**

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

To:

The Trustees**Mutual Fund**

Name of the Claimant Mr./Ms. _____	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* / /
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)	

**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)	Id. Proof attached**	Date of demise**
1)		DD / MM / YYYY
2)		DD / MM / YYYY
3)		DD / MM / YYYY

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**

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	
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 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 <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"/> a 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

Nomination[@] (Please one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. <i>(Mandatory to tick <input checked="" type="checkbox"/> if the claimant does not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly 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 the ClaimantI 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 _____	Signature of Claimant
Date _____	
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 ₹5 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"/> 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 unitholder | |
| <input type="checkbox"/> Nomination Form duly signed by the Claimant | |