

## ANNEXURE B

<b>Transmission Documents Matrix - Ready Reckoner</b>							
Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased	
		2 <sup>nd</sup> or 3 <sup>rd</sup> Holder deceased	1 <sup>st</sup> 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 or photocopy self-attested by the nominee(s) / claimant(s) / legal heir(s) subject to verification with original by AMC branches.	✓	✓	✓	✓	✓	✓
3	Copy of Birth Certificate (in case the claimant is a minor)	N.A.	N.A.	✓	✓	N.A.	✓
4.	Self-attested copy of PAN of the claimant/new Karta/ Guardian	✓*	✓*	✓	✓	✓	✓
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(a) where Transmission value upto ₹500,000	NA	✓	✓	✓	N.A.	✓
7	Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure-1(b)	NA	NA	NA	NA	✓	NA
8	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class (in the space provided in TRF) if the Transmission value is more than ₹500,000	NA	NA	✓	✓	NA	✓

\*If PAN not submitted previously

\*\*If not KYC compliant

## 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	
		2 <sup>nd</sup> or 3 <sup>rd</sup> Holder deceased	1 <sup>st</sup> 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)	<b>For Transmission value upto ₹500,000:</b>						
	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		✓	
	<i>Note: If the value at PAN level is upto ₹5 lakh, a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are to be transmitted, in the specified format is required. However, No Objection certificate from all non-claimants shall be required only where there are multiple beneficiaries as per the Registered Will, but all of them have renounced their claim and have no objection to the applicant (claimant) making the claim for transmission of Units. In such cases, the PAN/any OVD of such other legal heirs may also be obtained along with the NOC duly attested by a notary public or by a gazetted officer as per the specified format.</i>						
(iv)	<b>Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:</b>						
	a) Notarised copy of the Probated or Registered Will. In case of Registered Will, the same shall be accompanied with a notarised Indemnity bond from the claimant (i.e., appropriate beneficiary of the Will) OR b) Legal Heirship Certificate or its equivalent, along with –  1) a notarized indemnity bond as per Annexure II from the legal heir(s) / claimant(s) to whom the securities are transmitted, as per the format specified provided; and  2) No Objection Certificate as per Annexure IV from all the non-claimants (remaining legal heirs), duly attested by a notary public or by a gazetted officer as per the format provided.	NA	NA	NA	✓	NA	NA
	<b>Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :</b> a) Notarised copy of Probated Will; OR b) Succession Certificate issued by a competent court, OR c) Letter of Administration or court decree, in case of Intestate Succession.  Note: In the above three scenarios, Indemnity Bond as mentioned at point no (i) is not required.	NA	NA	NA	✓	NA	NA

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	
		2 <sup>nd</sup> or 3 <sup>rd</sup>	2 <sup>nd</sup> or 3 <sup>rd</sup>			New Karta Appointed	HUF Dissolved
	<b>For change of Karta of HUF or Dissolution of HUF</b>						
(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	✓
	<p><i>Note:</i>  <i>Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition.</i></p> <p><i>In case of no surviving co-parceners and the transmission value is more than ₹500,000 or where there is an objection from any surviving members of the HUF</i></p>						

Additional documentation required:

ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other OVD as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and OSV seal attested by them.

## Bank Attestation of Account Details & Account-holder's Signature

(where aggregate value of investment under all folios is up to ₹5 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.	11-Digit IFSC

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

City	PIN	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 &amp; 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 <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> 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 ₹5 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 *testate\** / *intestate\** on \_\_\_\_\_, *and without registering any nomination*, 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 legal heir/s	Address	PAN	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 Probated will, or a Succession Certificate or an order of a competent court, for which we 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 a Probated will or 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	X
2	X
3	X

(\* ) = 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)	PAN	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.:

<i>Note: This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary</i>
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# Individual Affidavit to be given by EACH Legal Heir

Annexure III

**(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)		

Please <input checked="" type="checkbox"/> any of the following (as applicable)
<input type="checkbox"/> That the aforesaid deceased Unitholder(s) died leaving behind him/her, the following persons as the only surviving heirs.
<input type="checkbox"/> That the aforesaid deceased Unitholder(s) died <i>testate</i> * / <i>intestate</i> * 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. *
<input type="checkbox"/> That the aforesaid deceased Unitholder died <i>testate</i> , leaving behind him/her, the following persons as the legatees as per 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 Legal Heir	Address	PAN	Age	Relation with the Deceased
1)				
2)				
3)				

\* *strikeout whichever is not applicable*    # = Name of the legal heir    @ = Name of the deceased unit holder    \$ Name of the Guardian

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: *χ* \_\_\_\_\_

### 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: *χ* \_\_\_\_\_

**Signed before me**

Place: \_\_\_\_\_

Date : \_\_\_\_\_

*χ* -----  
 Signature of Notary with Official Seal of Notary & Regn. No.

## Annexure - IV

[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 the 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 has died intestate on DD / MM / Y Y Y Y and without registering any Nomination.

(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	PAN	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** to \_\_\_\_\_ 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) _____
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#### **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 DD / MM / YYYY

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Signature of Notary with Official Seal of Notary

## ANNEXURE V

### 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 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 severely 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.

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

Signed before me	
Place: _____	----- Signature of Notary with Official Seal of Notary
Date : _____	

## Annexure VI

### 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
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 severely 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 : \_\_\_\_\_

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Signature of Notary with Official Seal of Notary