

Transmission Documents Matix

Sr. No	Documents Required For Transmission	Transmission to Surviving Joint Holders	Demise of Sole/ All unitsholders & Nominees/s registered	Demise of Sole/ All unitsholders & Nominee/s NOT registered	Demise of Karta of an HUF
Basic Documents:					
1	Letter from the Nominee/s or the Claimants/s or new Karta addressed to the AMC/Fund/Registrar.	✓	✓	✓	✓
2	Death Certificate of deceased Unit Holder/s/Karta in original or Photocopy duly notarized or attested by gazetted officer/bank manager	✓	✓	✓	✓
3	KYC of Nominee/s of Claimant/s or Surviving Unit holders or HUF & New Karta. Or KYC of the Guardian(in case of nominee/claimant being a minor/of unsound mind	✓	✓	✓	✓
4	New Bank Mandate details-duly attested by Bank Manger-(Annexure1) or Cheque copy with account number and holders name printed on the cheque.	✓	✓	✓	✓
Additional Legal Documents: (Indemnity Bonds Individual Affidavit to be on minimum Rs.20/- stamp paper or more and duly notarized. KYC address should match with the address mentioned in the Indemnity Bond)					
1 A	Indemnity bond signed by all legal heir/s confirming the claimant/s (AnnexureII)			✓	
1 B	Individual Affidavit by the legal Heir/s (Annexure III)			✓	
2 B	<p>Transmission value Upto ₹ 200000 Document evidencing relationship of the claimant/s with the deceased unitholder/s.</p> <hr/> <p>Transmission value Above ₹ 200000/- Notarised copy of the Probated Will OR Legal Heir/Succession/Claimant certificate by a competent court OR Letter of Administration, in case of Inestate Succession.</p>			✓	
3 A	Indemnity Bond Signed by all the co-pareeners appointing the new Karta(Annexure IV)				✓
3 B	<p>Notarized copy of Settlement Deed OR</p> <p>Deed of Partition OR</p> <p>Decree of the relevant competent Court: (In case of no surviving co-pareeners and the transmission value is more than ₹ 200000/- OR where there is an objection from any surviving members of the HUF)</p>				✓

**Annexure-1 : New Bank Mandate Details with Attestation from
Bank Branch Manager**

<To be given on Bank's Letter Head> or

<Bank Branch seal, employee name and number seal should be affixed>

TO WHOMSOEVER IT MAY CONCERN

This is to certify that

Mr./Ms.# _____

S/o or D/o _____

residing at _____

is holding the following account in our bank and branch

Bank Name _____

Branch Name _____

Bank A/c No

A/c Type (Please ✓) Saving Current NRE NRO FCNR Others _____

MICR Code (09 digit)

IFSC Code (11 digit)

Signature of the above A/c holders as per Bank's records	Signature of the Bank Manager	Bank & Branch Seal With Employee name and number
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Date: _____

Place: _____

(#) = Name of the claimant

(To be signed jointly by all the Legal Heirs)

ANNEXURE – II: Indemnity Bond by All Legal Heir/s Confirming Claimant/s with respect to Transfer of the Mutual Fund Units held by the Deceased Unit Holder without production of Legal Representation

(In case of Transmission of Mutual Fund Units held by a Single Holder/on death of all unit holders in case of Joint Holding and where there is no nomination has been registered).

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

I/We state that "Mr. / Ms. (*) _____" passed away on _____ and he/she was holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Held

The aforesaid unit holders died intestate / without registering any nominee/s in folio/s

We further inform you that he/she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she governed at the time of his/her death.

We have, therefore, approached you with a request to transfer the aforesaid Mutual Fund units in the name of the undersigned "Mr. / Ms. (#) _____" on my/our behalf without insisting of production of a succession certificate or an order of the court of competent jurisdiction 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 above said Mutual Fund units to the name of the undersigned "Mr. / Ms. (#) _____". I /we hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all the 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 here unto set their respective hands and seals this _____ day of _____.

Signed and delivered by the said legal heir/s

1. _____

2. _____

3. _____

(Name & Address of the Legal Heirs)

Signature of the Legal Heirs

1. _____

2. _____

Sureties Name & Address (Mandatory)

Sureties Signature

(*) = Name of the deceased unit holder

(#) = Name of the claimant/s

Annexure-III : Individual Affidavits by the Legal Heirs

(In case of Transmission of Mutual Fund Units held by Single Holder/on death of all unit holders in case of Joint Holding and where there is no nominee registration)

(#) _____ " son/daughter/spouse of _____ residing at _____ do hereby solemnly affirm and sincerely state on oath as follows.

That Mr. / Mrs. .(*) _____ " the deceased was holding the following mutual fund units in his/her name as single holder/joint holders:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

That the deceased had dies intestate on _____ for which we attaching a Death Certificate.

The following are the only legal heir(s) of late Mr. /Mrs. . (*) _____ for which we are attaching a Legal Heirship Certificate/Succession Certificate.

S No.	Name of the Legal Heirs	Address	Age	Relationship with the deceased
1				
2				
3				

That out of aforesaid legal heirs Master/Kumari, _____ Aged _____ years is a minor and he/she is being represented by Mr. / Ms. (\$) _____ " who is non other than his/her father /mother as natural guardian.

We also confirm that there is no other legal heir as stated above to the deceased, (#) _____ "

We also indemnify the concerned mutual fund and its authorized Registrar and Transfer Agent in a separate indemnity letter with a third party sureties.

DEPONENT SIGNATURE	
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VERIFICATION

We hereby solemnly affirm and state on oath that what is stated herein above is true and correct Original Death Certificate of original attested coy 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 above mentioned mutual fund units of the deceased.

Solemnly affirmed at

Signed before me at _____ on _____

Signature of Notary with Official Seal of Notary	
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Note: 1. Each deponent shall sign separate affidavits.

(#) = Name of the legal heir; (*)=Name of the deceased unit holder; \$ Name of the Guardian

Annexure-IV: Indemnity Bond with Respect of Change of Karta/Transfer of the Mutual fund Units held by the Deceased Karta

(To be signed by all the coparceners including the new Karta)

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

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Held

I/We inform you that "Mr. / Ms. (*) _____" passed away on _____ and he was the Karta of the HUF and holding the following Mutual Funds Units:

I/We inform you that the following are the only living members of the _____ (Name of the HUF) and that there are no other members / coparceners for the said HUF:

Sl.No.	Name	Age	Date of Birth
1			
2			

I/We further inform you that Mr. "Mr./Ms.(#) _____" Is the senior most coparcener of the HUF/is the new Karta duly appointed by all the members.

I/We have, therefore approached you with a request to replace the name of the deceased Karta with the name of the New Karta Mr. "Mr./Ms.(#) _____" 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.

In consideration thereof my/our request to replace the name of the Karta in the above said Mutual Fund units in the place of deceased Karta I/We hereby agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your 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.

IN WITNESS WHEREOF THE said "Mr./Ms.(#) _____" has hereunto set their respective hands and seals this _____ day of _____.

Signed and delivered by the said applicant.(

Name of new Karta)

1 _____

Name & Address of members of the HUF

Signature of the members of the HUF

1. _____

2 _____

Sureties Name and Address(Mandatory)

Sureties Signature

Date: _____

Place: _____

Add additional lines wherever applicable

Signature of notary(With name and seal)

(*)=Name of the deceased Karta(Unit Holder); (#) = Name of the new Karta: (\$) = Name of the members of HUF