

	Transmission Documents I	Matrix – Ready	Reckoner		T
Sr. No	Documents Required for Transmission	Transmission to Surviving Joint Holders	Demise of Sole/All unit holders & Nominee/s registered.	Demise of Sole/All unit holders & Nominee/s NOT registered.	Demise of Karta of an HUF.
Basic Do	cuments:				
1	Letter from the Nominee/s or the Claimant/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 or Claimant/s or Surviving Unit holders or HUF & New Karta, <u>Or</u> KYC of the Guardian (in case of nominee /claimant being a minor / of unsound mind).	✓	✓	✓	✓
4	New Bank Mandate details - duly attested by Bank Manager - (Annexure I) or Cheque copy with account number and holders' name printed on the cheque.	✓	√	✓	1
1 A *	Indemnity bond signed by all legal heir/s confirming the claimant/s (Annexure II)			✓-	
	ress should match with the address mentioned in the Indem			√	
			,	√	
1 B	Individual Affidavit by the Legal Heir/s (Annexure III)				
	Transmission value less than ₹2,00,000: Document evidencing relationship of the claimant/s with the deceased unitholder/s.				
2	Transmission value ₹2,00,000/- or more: (i) Notarised copy of the Probated Will OR (ii) Legal Heir / Succession / Claimant certificate by a competent court OR (iii) Letter of Administration, in case of Inestate Succession.			√	
3 A	Indemnity Bond signed by all the co-parceners appointing the new Karta (Annexure IV)				✓
	Notarized copy of Settlement Deed OR Deed of Partition OR				
3 B	Decree of the relevant competent Court: (In case of no surviving co-parceners and the transmission <i>value</i> is <i>more than</i> ₹ 2,00,000/-, OR where there is an objection from any surviving members of the HUF)				√

^{*} In case the claimant produces any one of the documents mentioned at point no. 2 above (under Additional Legal Documents), where transmission value is ₹2 lacs or more, then indemnity bond as mentioned at point no. 1A would not be required.





Annexure - I: 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 tha	t																
Mr. / Ms. $^{(\#)}$			Claima	nt's	. Name												
S/o or D/o												***************************************				 	
residing at													**************		 	 	
													***************************************		 	 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								100							 		
is holding the follow	ing acc	our	nt in our	ba	nk and I	oran	ch										
Bank Name																	
Branch Name									***************************************						 	 	
Bank A/c No										1							
A/c Type (Please ☑)]	<u>.</u>	Savings		Curren	t 🗆	NRE		NRO		FCN	R D] Ot	thers.	 •••••	 	
MICR Code (09 digit)																	
IFSC Code (11 digit)																	
Signature of the abor per Bank's records	ve A/c	hol	der as												 ***************************************	 010011111111111111111111111111111111111	***************************************
Signature of the Bank	k Manag	ger	:			1000											
Bank & Branch Seal With employee name	e and nu	uml	ber													 	***************************************
				ļ											 	 	
Date:				F	lace:												

(#) = 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 <u>no nomination has been registered</u>).

I/We state	nereby solemnly affirm and sincerely e that "Mr. / Ms. ^(*) ng the following Mutual Fund Units:	" passed away	on and he/she	
S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units HEld
The afore	said unit holder died intestate /with	nout registering any nominee	e/s in folio/s.	
We furthe according death.	er inform you that he / she left behin to the Law of Intestate Succession a	nd him/her only surviving he application to him/her by w	eirs and next of kin, t hich he/she governed	the following persons d at the time of his/her
undersign succession an indemr	therefore, approached you with a ed "Mr. / Ms. ^(#) n certificate or an order of the countity as is herein contained and on rel	"on my/ou t of competent jurisdiction lying on the information her	r behalf without in for which we or any ein given by us belie	sisting of production of a one on our behalf execute ving the same to be true.
"Mr. / Ms and keep losses, co and/or ind to the und	eration therefore of my/our request indemnified, saved, defended, harm sts, claims, actions, demands, risk cur by reason of your, at my/our re dersigned "Mr. / M n certificate or an order of the court	". I / we hereby jointly a nless you and your successo ks, charges, expenses, dam quest, transferring the said s. (#)	and severely agree a ors and assigns for all nages, etc., whatsoe Mutual Fund units a	nd undertake to indemnify I time hereafter against all over which you may suffer s herein above mentioned.
IN WITNES	SS WHEREOF THE said "Mr. / Ms. (i seals this day of	#)	" have here	e unto set their respective
Signed and	d delivered by the said legal heir/s.			
10/11.		·		
3	& Address of the Legal Heirs)	Signature of the Leg	al Heirs	*
1			<u> </u>	
2S	ureties Name & Address [Mandatory]	Sui	reties Signature	
(*) = Name	e of the deceased unit holder	(#) =	Name of the claimar	nt/s



Annexure - III: Individual Affidavits by the Legal Heirs (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 nominee registration)

(")		son / daughter / spouse of		
	residing at			
		do hereby solemnly	affirm and sir	ncerely state on oath
as fol				
That	Mr. / Mrs (*)	" the deceased was	s holding the	following mutual fund
Sl.	in his /her name as single hold Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold
No.	Marie of Macadi Falla	Scheme Name	1 0110 140	No. of offics Hold
That t	the deceased had died intestat	te on for which we are	attaching a [Death Certificate.
The fe	ollowing are the only legal he	rir(s) of late Mr. / Mrs (*)		for which
we ar	e attaching a Legal Heirship Co	ertificate/ Succession Certificate.		<u> 101 WHICH</u>
SI.	Name of the Legal Heirs	Address	Age	Relationship with
No.	rame of the Legar Hell's	Address	Age	the deceased
1				
3				
	out of aforesaid legal heirs M	aster / Kumari	Age	ed years is a
minor	and he / she is being represen	aster / Kumarinted by Mr. / Ms. (5)		" who is none other
<u>tnan</u> r	nis / her father / mother as na	tural guardian.		
We	also confirm that then	re is no other legal heir	as stated	d above to the
decea	sed, ''	" outual fund and its authorized Registra		
indem	nity letter with a third party s	sureties.	ar and Transfe	er Agent in a separate
DEDO	VIENT CICHATURE			
DEPO	NENT SIGNATURE:			
		VERIFICATION		
We he	ereby solemnly affirm and state	te on oath that what is stated herein	above is true	e and correct Original
and th	nat we are competent to cont	d copy of the death certificate. and ract and entitled to rights and benef	nothing has be its of the abo	een concealed therein
fund u	inits of the deceased.	and and entitled to higher and belief	res or the abo	we mentioned matuat
Solem	nly affirmed at			
	before me at on			
		6		
		Signature of Notary with Offic	ial Seal of No	tary
Note:	1. Each deponent shall sign	separate affidavits.		
$^{(#)} = N$	ame of the legal heir; (*) = Nam	ne of the deceased unit holder; \$ Nan	ne of the Guard	dian



Annexure - IV: Indemnity Bond with Respect to 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 int	form you that "Mr. / M: Karta of the HUF and ho	s. ^(*) olding the following Mutu	" passo al Fund Units:	ed away on	and he
		ring are the only living m re are no other members <u>Age</u> <u>[</u>		ne said HUF:	
1 2 I /We fu coparce	orther inform you that Mi ner of the HUF/ is the n	r. "Mr. / Ms. ^(#) ew Karta duly appointed	by all the members.	" is the senior	most
I/We had name of indemnition be true.	the new Karta Mr. "Mr. ty as is herein contained	ed you with a request to / Ms. ^(#) and on relying on the in	replace the name of 	the deceased Kart or which I /We exe en by us believing	a with the cute an the same to
units in saved, d costs, cl	the place of deceased K lefended, harmless you a	r request to replace the arta I/We hereby agree and your successors and a risks, charges, expenses at my/ our request.	and undertake to indensify assigns for all time he	emnify and keep in ereafter against all	ndemnified, l losses,
IN WITN respecti	ESS WHEREOF THE said 've hands and seals this _	Mr. / Ms. ^(\$) d	ay of	_"has here unto se	et their
Signed a	nd delivered by the said	applicant. (Name of new	v Karta)		
1					
Name &	Address of members of	the HUF Signature	of the members of t	he HUF	
1					
2					
	Name and Address [Man		Signature		
Place:			of action form	1.7	
Add addit	ional lines wherever applica	Signature ble	e of notary [With nam	ne and seal]	
(*) = Name	of the deceased Karta [Unit Holder]; ^(#) =Name of	the new Karta; (\$= Na	me of the members	of HUF