Request for Transmission of Units by Surviving Joint Holder/s (Where the 1st Holder is Deceased)

HDFC MUTUAL FUND
BHAROSA APNO KA

Date: M M D D Y Y Y Y

To:
< <Fund Name>/RTA Name>
<Address>

<City> - <Pincode

Part A – Claimant and Deceased Holder information

DP ID / Client ID / Folio No.

Deceased Holder Name:

Claimant Name

Claimant PAN / PEKRN (Mention only number)

Dear Sir/Madam,
I/We, the joint holder(s) in the above referred folio(s), hereby inform you about the demise of the 1st holder in the above specified folios viz. _____

S. No.	Folio No.	Scheme Name	Units Held

I/ we, the surviving Unitholder/s therefore request you to transmit the Units in the abovementioned folios in my/our name/s in the following order:

Name of the unit holder	PAN	Tax Status
☐ Mr. ☐ Ms.		☐ Resident ☐ NRI ☐ OCI/PIO
☐ Mr. ☐ Ms.		☐ Resident ☐ NRI ☐ OCI/PIO

I/We also request you to pay the UNCLAIMED amounts, *if any*, in respect of the deceased unitholder to the aforesaid new Holder no.1, named at sr.no. 1 above, by direct credit to the bank account mentioned hereinbelow.

Contact details of new 1st unit holder

Mobile No. Tel. No. STD -

Email Address

Above mobile belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter
Above email belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter

Address *(Please note that address will be updated as per claimant's address on KYC form / KYC Registration Agency records)*

Address Line 1					
Address Line 2					
City:		State		PIN	

Bank Account Details of the of new 1st unit holder

Bank Name																					
Account No.											11-digit IFSC										
A/c. Type (✓)	☐ SB	☐ Current	☐ NRO	☐ NRE	☐ FCNR	9-digit MICR No.															
Name of bank branch																					
City																					
State																PIN					

Please attach & tick (✓) ☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook

Part E – Declaration and Responsibility Clause

I/We confirm that the above documents have been submitted and that the information, facts, and particulars furnished by me/us in this undertaking and the accompanying documents are true, correct, and complete to the best of my/our knowledge and belief, and no material information / fact has been concealed or misrepresented therein.

I/We further undertake and confirm that in the event any information, declaration, or document furnished by me/us herein is subsequently found to be false, incorrect, incomplete, forged, or fraudulent, the responsibility and liability for resolving the resultant discrepancy, dispute, or claim – including any consequential loss, cost, or legal action – shall rest solely and exclusively with me/us, the claimant(s), and I/We shall keep the Company/AMC/RTA/ Depository Participant fully indemnified and harmless against any loss, claim, demand, or liability arising directly or indirectly therefrom. I/We also knowledge to share the above demise information to the regulatory authorities or statutory authorities or to the entities entrusted by the regulatory/statutory authorities from time to time.

Signature of new unit holder(s)

Name	Signature
1st Unit Holder	
Joint Holder 1	

Place		**Date**	D	D	M	M	Y	Y	Y	Y

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.

Signed before me

_____

Signature of Notary with Official Seal of Notary & Regn. No.

* strikeout whichever is not applicable.