Transmission to New Karta/Claimant

(on death of HUF Karta or on Dissolution of HUF)

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

Folio No.

Deceased HUF Karta Name

HUF (where Karta expired) PAN / PEKRN

Claimant Name

Claimant (Guardian) PAN / PEKRN

Part B – Transmission request Form

I, the surviving co-parcener of abovenamed HUF / claimant, hereby inform you that, Mr._____, the Karta of the above HUF who was managing the affairs of the HUF, expired on _____ and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener or claimant as HUF is dissolved. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records or transmit the units in my favour as HUF is dissolved and no surviving co-parcener(s) in respect of the investments of the HUF in the following schemes / folios:

S. No.	**Name of Mutual Fund Scheme** / *Company*	**Folio No.** / *Client ID* / *DP ID* / *Certificate No.*	**No. of Units / Securities Held**	Certificate Number (for physical shares / securities)	Distinctive No. *(if applicable)*
1				NA	From: NA To: NA
2				NA	From: NA To: NA
3				NA	From: NA To: NA

Part C – Other information about new Karta/claimant

☐ KYC Acknowledgment attached ☐ KYC form attached

Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO / OCI ☐ Others _____ *(please specify)*

Contact details of the Claimant

Mobile No. +91 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	

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HDFC Mutual Fund: SEBI Registration Number: MF/044/00/6

Mutual Fund investments are subject to market risks, read all scheme related documents carefully

HDFC Mutual Fund Download App

HDFC MUTUAL FUND BHAROSA APNO KA

www.hdfcfund.com

Bank Account Details of the Claimant

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

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/Depository 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.

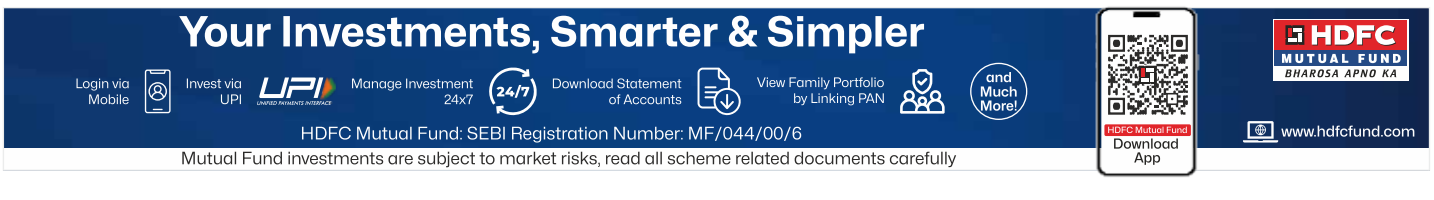
New Karta / Claimant Signature

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

Signed before me

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

* strikeout whichever is not applicable.



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