

TRANSMISSION DOCUMENTS MATRIX - READY RECKONER

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	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	Karta of HUF deceased
		2nd or 3rd Holder deceased	1st 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	N.A.	✓	✓	✓	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)	N.A.	N.A.	N.A.	N.A.	✓	N.A.
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	N.A.	N.A.	✓	✓	N.A.	✓

*If PAN not submitted previously **If not KYC compliant

SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	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	Karta of HUF deceased
		2nd or 3rd Holder deceased	1st 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 #	N.A.	N.A.	N.A.	✓	N.A.	N.A.
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - Duly Notarised	N.A.	N.A.	N.A.	✓	N.A.	N.A.
(iii)	For Transmission value upto ₹500,000:						
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	N.A.	N.A.	N.A.	✓	N.A.	N.A.
	NOC from other Legal Heirs (Annexure - IV)	N.A.	N.A.	N.A.	✓	N.A.	N.A.
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	N.A.	N.A.	N.A.	N.A.	✓	N.A.
	<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)	Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:						
	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)	N.A.	N.A.	N.A.	✓	N.A.	N.A.
	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						

Form T3

REQUEST FOR TRANSMISSION OF UNITS BY NOMINEE OR LEGAL HEIR
(For Transmission of Units on death of the Sole holder / all Joint Holders)

To:
The Trustees
Bajaj Finserv Mutual Fund

Name of the Claimant Mr./Ms	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* / /
Mr./Ms. _____	
Relationship with Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian*	
PAN (Claimant/Guardian):	☐ KYC Acknowledgment attached ☐ KYC form attached
Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO ☐ Others (please specify)	

*Please attach relevant proof

I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and request you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as ☐ Nominee ☐ Legal Heir ☐ Successor to the Estate of the deceased ☐ Administrator of the Estate of the deceased		
Name of the deceased Unitholder(s)	Id. Proof attached**	Date of demise**
1)		DD / MM / YYYY
2)		DD / MM / YYYY
3)		DD / MM / YYYY

*Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport / Voter Id. (any one)

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

Scheme Name	Folio No.	No. of Units	% of Claim [@]
1)			
2)			
3)			
4)			

[@]As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

Contact details of the Claimant

Mobile No.+91	Tel.No. STD
Email Address _____	
The above Contact details belongs to ☐ Self ☐ Spouse ☐ Son ☐ Daughter ☐ Parent ☐ Sibling ☐ Guardian of Minor	

Address (Please note that your address will be updated as per your address on KYC form / KYC Registration Agency records)

Address Line 1 _____	
Address Line 2 _____	
City: _____	State _____ PIN

Bank Account Details of Holder no.1

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

Additional KYC information (Please tick ✓ whichever is applicable)

Occupation Details	
☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist	
☐ Retired ☐ Home Maker ☐ Student ☐ Forex Dealer ☐ Others (Please specify)	
The claimant is ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person ☐ Neither (not applicable)	
Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1 crore ☐ >1 crore	

FATCA and CRS details

Country of Birth Nationality _____	Place of Birth _____
Are you a tax resident of any country other than India? ☐ Yes ☐ No If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below:	
Country	Tax-Payer Identification Number

Nomination Please ☒ one of the options below

☐ I/We DO NOT wish to make a nomination. (Mandatory to tick ✓ if the claimant does not wish to nominate anyone)
☐ I/We wish to make a nomination and hereby nominate the person/s more particularly specified in the separate Nomination form attached herewith to receive the Units held my/our folio in the event of my / our death.

Declaration and Signature of the Claimant

I have attached herewith all the relevant / required documents as indicated in the attached Ready Reckoner.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.

I hereby authorize _____ Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

- I / We are receiving the assets of the deceased's demat account / MF folio as a trustee to his / her legal heir(s).
- I / We shall extend all co-operation in transferring such assets to the legal heir(s) either suo moto or when approached by the latter.
- The regulated entity legally and validly discharged upon transmission of assets to the nominee(s). In case I / We fail to discharge my / our liability, or if there is any dispute between me / us and the legal heir(s) of the deceased, then the regulated entity, shall not be party to such disputes.

Place _____ Date _____	Signature of Claimant _____
Signed before me At: _____ On: _____ Signature of Notary / JMFC _____ Official stamp & seal of the Notary Magistrate/ Notary & Regn. No. _____	

Note: This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹5 lakhs

Documents Attached

- | | |
|--|--|
| ☐ Copy of Death Certificate of the deceased unitholder | ☐ Copy of Birth Certificate (in case the Claimant is a minor) |
| ☐ Copy of PAN Card of Claimant / Guardian | ☐ KYC Acknowledgment OR ☐ KYC form of Claimant |
| ☐ Cancelled cheque with claimant's name printed OR | ☐ Claimant's Bank Statement/Passbook |
| ☐ Annexure-I(a)-Bank Attestation of signature & bank A/c. | ☐ Annexure-II - Bond of Indemnity furnished by Legal Heirs |
| ☐ Annexure-III -Affidavits of each legal heir | ☐ Annexure - IV - NOC from other Legal Heirs |
| ☐ Copy of PAN card or OVD of the deceased unitholder | |
| ☐ Nomination Form duly signed by the Claimant | |

Note: The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization, provided all mandatory details of Nominee as per revised Nomination form are already available in records of AMCs/ RTAs.

NOMINATION FORM FOR FRESH / CHANGE OF EXISTING NOMINATION



Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders

Please read the instructions carefully before filling up this form

Folio Number

Sole / 1st Holder Details

Name PAN*

2nd Holder Details

Name PAN*

3rd Holder Details

Name PAN*

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s)*

☐ I/We do hereby nominate the person(s) more particularly described here under to receive the Units held in my/our Folio in the event of my/our death.
(Please fill the nominee details in the table given below)

OR

☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my/our mutual fund folio. I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/ death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio.

If you do not wish to nominate (Opt Out of Nomination), it is mandatory to sign as per the mode of operation in signature space provided below i.e. in Nomination Details section

Name of the 1st Nominee*			First Name	Middle Name	Last Name
PAN of the Nominee ^s			Date of Birth of Nominee**		
Nominee Relationship*			Share of Nominee (%)*		
Name of the Guardian ^s			PAN of Nominee Guardian ^s		
Guardian's Relationship with Nominee**			Identity Number ***		
Proof of relationship ^s					
Residential Address*					
City			State		Pincode
Mobile No.*			Tel.		Email ID*

Name of the 2nd Nominee*			First Name	Middle Name	Last Name
PAN of the Nominee ^s			Date of Birth of Nominee**		
Nominee Relationship*			Share of Nominee (%)*		
Name of the Guardian ^s			PAN of Nominee Guardian ^s		
Guardian's Relationship with Nominee**			Identity Number ***		
Proof of relationship ^s					
Residential Address*					
City			State		Pincode
Mobile No.*			Tel.		Email ID*

Name of the 3rd Nominee*			First Name	Middle Name	Last Name
PAN of the Nominee ^s			Date of Birth of Nominee**		
Nominee Relationship*			Share of Nominee (%)*		
Name of the Guardian ^s			PAN of Nominee Guardian ^s		
Guardian's Relationship with Nominee**			Identity Number ***		
Proof of relationship ^s					
Residential Address*					
City			State		Pincode
Mobile No.*			Tel.		Email ID*

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). For NRI / OCI / PIO, Passport number is acceptable. Copy of the document is not required.

*Mandatory / *Optional / **Mandatory & Applicable in case the Nominee is a Minor

1. I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows: (please tick, as appropriate)

- ☐ Name of Nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

2. This nomination shall supersede any prior nomination made by me / us, if any.

Name(s) of holder(s)		Signature(s) of holder	Witness Name, Address and Signature*
Sole / First Holder (Mr./Ms.)			1.
Second Holder (Mr./Ms.)			2.
Third Holder (Mr./Ms.)			

*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature

TERMS AND CONDITIONS FOR NOMINATION FORM FRESH / CHANGE OF EXISTING NOMINATION

*Joint Accounts:

Event	Transmission of Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion. The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

- Nomination shall be mandatory for single holding only. The requirement of nomination shall be optional for jointly held folios.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio of a Minor unitholder.
- The signatories for this nomination form in joint folios shall be the same as that of your joint MF folio i.e.
 - 'Either or Survivor' Folios – any one of the holder can sign.
 - 'Jointly' Folios – both holders have to sign.
- A minor may be nominated. In that event, the Date of Birth (DoB) needs to be provided. It is optional to provide the name and PAN of the Guardian.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive an acknowledgement from the AMC for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single folio.
- In case all your nominees do not claim the assets from the AMC, then the residual unclaimed asset shall continue to be with the AMC in case of MF units.
- Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If percentage is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division/fraction of %, shall be transferred to the first nominee mentioned in the Nomination form. (See table in 'Transmission aspects'-point number 22)
- Every new nomination for a folio shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio.
- Nomination shall stand rescinded upon the transfer of units.
- Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).**
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
- The mode of operation (of the joint account), namely that of the first named holder OR anyone or survivor OR either or survivor basis OR joint, etc. shall be unaffected by the rule of survivorship.
- Transmission Aspects :
 - AMCs / DPs shall transmit the folio / account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nominee is not required to provide affidavits, indemnities, undertakings, attestations or notarization.
 - In case of a joint account / folio, for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
 - Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
 - In case of multiple nominees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below:

% share as specified by investor at the time of nomination			% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'		
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	-	40%	60%	100%

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 ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ NRNR ☐ 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

Version : 14-07-2026

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. <u>Name of the deceased unit holder</u> was holding the Units in following schemes/folios :	
Scheme Name	Folio No.
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 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.:

Note: *This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary*

Individual Affidavit to be given by EACH Legal Heir

(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 ☐ any of the following (as applicable)
☐ That the aforesaid deceased Unitholder(s) died leaving behind him/her, the following persons as the only surviving heirs.
☐ 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. *
☐ 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: _____

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: _____

Signed before me

Place: _____

Date : _____

 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

Signature of Notary with Official Seal of Notary

CKYC & KRA KYC FORM



Know Your Client Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with * are mandatory fields

Application ☐ New

Type*

☐ Update KYC Number*

KYC Type*

☐ Normal (PAN is mandatory)

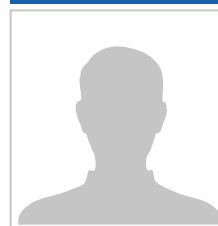
☐ PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name (If any*)				
Father/ Spouse Name*				
Mother Name*				
Date of Birth*	DD	MM	YYYY	
Gender*	☐ M-Male	☐ F-Female	☐ T-Transgender	
Marital Status*	☐ Married	☐ Unmarried	☐ Others	
Citizenship*	☐ IN- Indian	☐ Others-Country	Country Code	
Residential Status*	☐ Resident Individual	☐ Non Resident Indian		
	☐ Foreign National	☐ Person of Indian Origin		
Occupation Type*	☐ S-Service	☐ Private Sector	☐ Public Sector	☐ Government Sector
	☐ B-Business	☐ Student	☐ Self Employed	☐ Retired
	☐ X-Not Categorized	☐ O-Others	☐ Professional	☐ Housewife

Photo



Signature/ Thumb
Impression across photo
without covering the face

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & I at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

☐ A- Passport Number		Passport Expiry Date	DD	MM	YYYY
☐ B- Voter ID Card		Driving Licence Expiry Date	DD	MM	YYYY
☐ D- Driving Licence					
☐ E- Aadhaar Card					
☐ F- NREGA Job Card					
☐ Z- Others (any document notified by the central government)		Identification Number			

3. Proof of Address (PoA)*

☐ 3.1 Current/ Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*		City / Town / Village*	
Line 2			
Line 3			
District*		Zip / Post Code*	
State/UT*		State / UT Code	
		Country*	
		Country Code	
Address Type*	☐ Residential / Business	☐ Residential	☐ Business
	☐ Registered Office	☐ Unspecified	

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*

☐ Passport Number		Passport Expiry Date	DD	MM	YYYY
☐ Voter ID Card		Driving Licence Expiry Date	DD	MM	YYYY
☐ Driving Licence					
☐ Aadhaar Card					
☐ NREGA Job Card					
☐ Others (any document notified by the central government)		Identification Number			

☐ 3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current /Permanent/ Overseas Address details (Incase of multiple correspondence/local addresses, please fill Annexure A1, Submit relevant documentary proof)

Line 1*		City / Town / Village*	
Line 2			
Line 3			
District*		Zip / Post Code*	
State/UT*		State / UT Code	
		Country*	
		Country Code	

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction F at the end)

Email ID

Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) ☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Are you a tax resident of any country other than India? If **No**, please tick here: ☐ If **Yes**, please fill in the below details:

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Occupation Details ☐ Business ☐ Professional ☐ Public Sector ☐ Private Sector ☐ Government Service ☐ Agriculturist
(Please tick any one ✓) ☐ Housewife ☐ Student ☐ Retired ☐ Forex Dealer ☐ Others (please specify) _____

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State / UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Gross Annual Income ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

OR Net worth ₹ (please specify) as on (Not older than 1 year)

Please tick, if applicable ☐ I am Politically Exposed Person (PEP) ☐ I am Related to Politically Exposed Person (RPEP) ☐ Not applicable

6. Remarks (If any)

7. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: -- Place:

Signature / Thumb Impression of Applicant

8. Attestation / For Office Use Only

Documents Received ☐ Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date --

Emp. Name

Emp. Code

Emp. Designation

[Employee Signature]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Institution Details

Name

Code

Emp. Branch

[Institution Stamp]

Instructions/Guidelines for filling Individual KYC Application Form

General Instructions:

1. Self-Certification of documents is mandatory.
2. KYC number of applicant is mandatory for update/change of KYC details.
3. For particular section update, please tick(✓) in the box available before the section number and strike off the sections not required to be updated.
4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [G].
5. If any proof of identity or address is in a foreign language, then translation into English is required.
6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
8. Sole proprietor must make the application in his individual name & capacity.
9. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Identity Details' section

1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity-submitted failing which the application is liable to be rejected.
2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

1. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number)

C. Clarification / Guidelines on filling 'Proof of Identity [Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
2. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
3. Others - Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

E. Clarification / Guidelines on filling 'Proof of Address (PoA) - Correspondence / Local Address details' section

1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
2. In case of multiple correspondence / local addresses, Please fill 'Annexure A 1'
3. Others includes - Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

F. Clarification / Guidelines on filling 'Contact details' section

1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
2. Do not add '0' in the beginning of Mobile number.

G. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R& T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

H. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

I. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

List of Two-Digit state/ U.T Codes as per Indian Motor Vehicle Act, 1988

State/ U.T	Code	State/ U.T	Code	State/ U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	TamilNadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TP
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UK
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 Two-Digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dulch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Monlenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion IReunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy I Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		