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CAMS

Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

Form T3

To

The Trustees

_____ **Mutual Fund**

Name of the Claimant Mr./Ms.
Name of the Guardian ← *in case the claimant is a minor* ❼ 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)	**Date of demise***
1)	DD / MM / YYYY
2)	DD / MM / YYYY
3)	DD / MM / YYYY

**Please attach certified copy of Death Certificate.*

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

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

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

Bank Account Details of the Claimant

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

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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 ☐ Private Sector Service ☐Public Sector Service ☐Government Service ☐Business ☐Professional ☐Agriculturist ☐Retired ☐Home Maker ☐ Student ☐Forex Dealer ☐ Others _____ (Please specify)
The Claimant is ☐ a 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-1crore ☐ >1 crore

FATCA and CRS information

Country of Birth _____ Place of Birth _____ Nationality		
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	Identification Type

Nomination@ (Please ✓ one of the options below)

☐ I/We **DO NOT** wish to make a nomination. *(Please tick ✓ if you do not wish to nominate anyone)*
☐ I/We wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** to receive the Units held my/our folio in the event of my / our death.

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

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.

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 ₹2 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 ☐ Nomination Form duly completed
- ☐ Annexure-I - Bank Attestation of Signature & bank a/c. *(if the aggregate value of the Units being transmitted is up to ₹2 lakh)*
- ☐ Annexure-II - Bond of Indemnity furnished by Legal Heirs
- ☐ Annexure-III - Individual Affidavits given EACH Legal Heir
- ☐ Annexure – IV - NOC from other Legal Heirs

Annexure – A		
Sl. No.	Documents	Please tick where relevant document enclosed
1	Transmission request letter from the Claimant/s or new Karta addressed to the Mutual Fund	
2	Death Certificate of deceased Unit Holder(s) in original (or) Photocopy duly notarized or attested by gazetted officer/bank manager (or) Online downloaded Death Certificate duly certified	
3	KYC acknowledgement copy and FATCA of the Claimant/Guardian (If claimant is minor or unsound person)	
4	Bank Mandate details – Enclose any one of the below proof: i. Original cheque with name and account number pre-printed ii. Bank Statement copy/Passbook copy with claimant signature iii. Letter from the bank on its letter head certifying the bank account information	
5	Bankers attestation along with their Name, Designation, Seal & Signature in any one of the below i. Annexure-I (or) ii. Statement copy/Passbook copy with Claimant Signature	
6	If the claimant is a minor: i. Proof of minority duly attested by a Notary Public or by a Gazetted Officer ii. Any appropriate document as evidence for minor-guardian relationship	
7	Individual Affidavit by the legal Heir/s (Annexure III)	
8	If the value of transmission is less than threshold limit as on date of effecting the transmission i. Duly notarised Indemnity Bond (Annexure II) from all legal heir (s) confirming the claimant(s) in a non-judicial Stamp paper indemnifying the RTA/AMC ii. Document evidencing the relationship of the claimants(s) with the deceased unit holder(s)	
9	If the value of transmission is equal to or above the threshold limit as on date of effecting the transmission i. Notarised copy of the Probated Will (or) ii. Legal Heir/Succession/Claimant Certificate by a competent court - duly notarised (or) iii. Letter of Administration (in case of Intestate Succession) - duly notarised	
10	Indemnity bond signed by all the co-parceners appointing the new Karta (Annexure IV)	
11	In case of no surviving co-parceners and the transmission amount is equal to or more than threshold limit (or) where there is an objection from any surviving members of the HUF, transmission should be effected only on the basis of any of the following mandatory documents: i. Notarized copy of Settlement Deed, or ii. Notarized copy of Deed of Partition, or iii. Notarized copy of Decree of the relevant competent Court	
12	No objection certificate [NOC]	
13	Any other specific additional documents [please specify]	
Notes	* Indemnity Bond/Affidavit to be executed in non-judicial Stamp Paper as specified by the respective AMC and should have been made in the presence of Notary Public only # Address mentioned in the Bank's Letter should match with the address mentioned in the Indemnity Bond. In case of mismatch it will be liable for rejection after due consultation with AMC	

Date: Signature of the Claimant: _____