

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

To:
The Trustees,
PPFAS Mutual Fund

Date: _____

Sirs,

I/We, the joint holder/s in the below mentioned Schemes/ folios hereby inform you that the 1st Holder in the said folios, viz., Mr./Ms. _____ expired on DD-MMM-YYYY.

A certified copy of his/her Death Certificate is attached herewith.

Sr#	Scheme Name	Folio No	No. of Units
1			
2			
3			
4			
5			

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:

UH	Name of the Unitholder	PAN	Tax Status:
1	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> 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 Holder no.1

Mobile No. +91	Land Line No.
Email Address	

Address of Holder no.1 (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 (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN
Please attach & tick ✓ any one of the following to validate your bank details :	
<input type="checkbox"/> Cancelled cheque with claimant's name & account pre-printed <input type="checkbox"/> Bank Statement/Passbook having claimant's name <input type="checkbox"/> Certification of the bank account details - on bank's letterhead or in Form Annexure 1.	

Additional KYC details Holder no.1 (Please tick ✓)

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

FATCA and CRS details

Country of Birth _____		Place of Birth _____
Nationality _____		Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> I DO NOT wish to make a nomination. <i>(Please tick <input checked="" type="checkbox"/> if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I 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.



Declaration and Signature of Claimant/s

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I/we undertake to keep the 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 / We hereby authorize _____ Mutual Fund & 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 any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Signature of Claimant 1 (new Holder no.1)	Signature of Claimant 2 (new Holder no.2)
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Attachments:

1. Copy of Death Certificate of the deceased unitholder
2. Copy of PAN Card of Claimant
3. Cancelled cheque of the new first unit holder with name pre-printed OR Statement/Passbook of the new first unit holder OR
4. KYC of the surviving unit holder(s), *if not already complied earlier.*
5. Nomination Form duly completed.

 Toll Free - 1800-266-7790	 Email us at mf@ppfas.com	 Visit our Website www.amc.ppfas.com
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