

Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

To:

Date : _____

The Trustees,
PPFAS 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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian):	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	
Name of the HUF:	
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____	
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR <input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree. <i>(Please tick✓ whichever is applicable)</i>	

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim®
1)			
2)			
3)			
4)			

@ as per Deed of Settlement / Partition of HUF / Decree of the competent court

Contact Details of the claimant

Mobile No. +91 _____	Land Line No. _____
Email Address _____	

Address *(Please note that the address of the claimant will be updated as per 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 (✓) <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 a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure I

I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF *if any*, to me by direct credit to the bank account mentioned above.

Additional KYC information (Please tick✓ whichever is applicable)

Occupation <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"/> a 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 information

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

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.

@ 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 _____	Signature of Claimant
Date _____	
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 Kata 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 account *(if the value of the Units being transmitted is upto ₹2 lakhs)*
- Bond of Indemnity signed by surviving coparceners as per Annexure VI.
- Notarised copy of Deed of Settlement Deed of Partition of HUF Decree of the competent court

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