

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 <input type="checkbox"/> <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
Mob. No. | | | | | | | | | | | |

Mobile No. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA
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Email id. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Email id. provided pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian <input type="checkbox"/> PMS <input type="checkbox"/> Custodian <input type="checkbox"/> POA

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 1

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 _____ (Please specify)
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	Identification Type

Nomination[@] (Please ✓ one of the options below)**NOMINATION DETAILS** Individuals (single or joint applicant) are advised to avail Nomination facility.
 Declaration Form for opting out of nomination

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 and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s),my/our legal heir would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

 1 st holder Sign	 2 nd holder Sign	 3 rd holder Sign
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 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/discard 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 Karta
- 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**