Aditya Birla Sun Life Mutual Fund

ADITYA BIRLA CAPITAL

MUTUAL FUNDS

Transmission Request Form-cum-Undertaking for Quick Transmission Process Where No Nominee is Registered

Applicable only for QTP claims (up to ₹ 10,000 for physical holdings)
(To be submitted on Plain Paper)

Tick (☐ → ☑) the boxes wherever applicable and fill in the details legibly.

Date: | D | D | M | M | Y | Y | Y | Y |

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

Folio No/s.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN / PEKRN (Mention only number)	
Category of Claimant	☐ Parent ☐ Spouse ☐ Child ☐ Parent-in-law
Documentary Proof attached (Refer Annexure – 1 for the documents list)	

PART B – TRANSMISSION REQUEST FORM

I, the claimant named hereinabove, hereby inform you about the demise of the above-mentioned security/unit holder(s) and request you to transmit the units held by the deceased security/unit holder(s) in my favor in my capacity as

☐ Legal Heir ☐ Successor to the Estate of the deceased ☐ Administrator of the Estate of the deceased

PART C – UNDERTAKING

I/We _____, legal heir(s) of Late Mr./Ms._____
("Name of the Deceased Holder"), residing at _____ do hereby state and undertake as under:

1. The deceased holder held the following MF unit holdings in his/her name as sole/single holder:

S. No.	Fund Name with Scheme Name	Folio No.	No. of Units
1			
2			
3			

2. Above referred deceased holder died without registering any nominee.

Acknowledgment Slip (To be filled in by the Investor)

Application No. | | | | | | | | | | | |

Collection Centre / ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : _____/_____/_____

3. That I/We are the legal heir(s) of the deceased as per the details in the below table and that we are the only legal heirs/legatees of the deceased holder.

Name of the Legal Heir(s)*	Age	Relationship with the deceased

*Where any legal heir is a minor, such minor is represented herein by his/her natural/legal guardian.

Therefore, I/We, the Legal Heir(s)/Claimant(s), have approached Aditya Birla Sun Life AMC Limited with a request to transmit the aforesaid securities in the name of the undersigned, Mr./Ms. ____ [Name(s) of the legal heir(s)/claimant(s)], on my/our behalf. I/We, am/are furnishing the documents as mentioned below for transmission of the securities in our name:

S. No.	Document	Submitted	Remarks
1	Original Transmission Request Form (duly filled and signed)	☐	
2	**Self-attested** copy of Verifiable Death Certificate of the deceased holder	☐	
3	Statement of Account (if applicable).	☐	
4	If claimant is a minor – Copy of Birth Certificate or School leaving certificate/ Passport or Aadhaar (where the date of birth is available) – **Attested by the Guardian** (Natural or Legal).	☐	
5	KYC of Guardian (if claimant is a minor or of unsound mind).	☐	
6	Nomination Form or Nomination Opt-Out form	☐	
7	FATCA-CRS Declaration in a prescribed format, wherever applicable	☐	
8	Signature of the Nominee/ Claimant shall be attested only by a Notary Public or a Judicial Magistrate First Class (JMFC) in lieu of banker's attestation (applicable only for transmission of units held in SOA)	☐	
9	Document evidencing relationship between the claimant and the deceased security holder (applicable only where claimant is parent, spouse, child or parent-in-law).	☐	
10	Transmission Request Form-cum-Undertaking on plain paper as per specified format.	☐	

PART D – OTHER INFORMATION ABOUT CLAIMANT (Applicable only for transmission of units held in SOA)

☐ KYC Acknowledgment attached ☐ KYC form attached

Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO / OCI ☐ Others (please specify)

Contact details of the Claimant

Mobile No. ☐☐☐☐☐☐☐☐☐☐ **Tel. No. STD** ☐☐☐☐☐☐☐☐☐

Email Address ______________________________

Above mobile belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter

Above email belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter

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

Address Line 1 ______________________________

Address Line 2 ______________________________

City: ____________________ State: ____________________ Pin: ☐☐☐☐☐☐

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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.

Name of bank and branch

City Pin

Please attach & tick ✓ ☐ Cancelled cheque with claimant's name printed **OR** ☐ Claimant's Bank Statement/Passbook (Not Older than 3 months)

PART E – DECLARATION AND RESPONSIBILITY CLAUSE

I/We confirm that the above documents have been submitted and that the information, facts, and particulars furnished by me/us in this undertaking and the accompanying documents are true, correct, and complete to the best of my/our knowledge and belief, and no material information / fact has been concealed or misrepresented therein.

I/We further undertake and confirm that in the event any information, declaration, or document furnished by me/us herein is subsequently found to be false, incorrect, incomplete, forged, or fraudulent, the responsibility and liability for resolving the resultant discrepancy, dispute, or claim – including any consequential loss, cost, or legal action – shall rest solely and exclusively with me / us, the claimant(s), and I/We shall keep the AMC fully indemnified and harmless against any loss, claim, demand, or liability arising directly or indirectly therefrom. I/We also knowledge to share the above demise information to the regulatory authorities or statutory authorities or to the entities entrusted by the regulatory/statutory authorities from time to time for onward circulation/dissemination to all applicable regulated entities.

Claimant Signature	
Place	**Date** D D M M Y Y Y Y

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.

ANNEXURE-A: PROOF OF RELATIONSHIP

A self-attested copy of the proof of relationship referred to above is enclosed herewith:

Tick against the document* given as proof of relationship			
Birth certificate which lists the parent's name	☐	Aadhar	☐
School leaving certificate	☐	Permanent Account Number	☐
School records/service records mentioning the parent's name	☐	Will	☐
Passport	☐	Legal Heirship Certificate	☐
Marriage Certificate	☐	Court Decree	☐
Ration Card	☐	Letter of Administration	☐
Voter ID	☐	Succession Certificate	☐
		Probate of Will (where available)	☐

*In case none of the above documents are available, a notarized Affidavit in the format given in Annexure-B.

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ANNEXURE-B: DRAFT OF THE AFFIDAVIT

To be executed on Non-Judicial Stamp Paper of appropriate value (as applicable in the relevant State where the claimant resides) and notarized / attested by a Gazetted Officer or Judicial Magistrate First Class (JMFC)

I/We, _____ Son / daughter/legal heir of _____ residing at _____do hereby solemnly affirm and state on oath as follows.

That Mr. / Mrs. _____("Name of the Deceased Holder") held the following units:

S. No.	Fund Name with Scheme Name	Folio No.	No. of Units
1			
2			
3			

That the aforesaid deceased holder died leaving behind the following persons as the legal heirs without registering any nominee:

S. No.	Name of Legal Heir(s)	Address & Contact Details	Age	Relationship with the Deceased
1				
2				
3				

That among the aforesaid legal heirs, Master/ Kumari. _____ aged _____ years is a minor and is being represented by Mr./Ms. _____("Name of the Guardian") being his / her father / mother / legal guardian.

Signature of the Deponent: _____

VERIFICATION

I /We hereby solemnly affirm and state that what is stated herein above is true and correct and nothing has been concealed therein and that we I am competent to contract and entitled to rights and benefits of the abovementioned securities of the deceased.

Solemnly affirmed at

Signed before me

Signature of the Deponent: _____

_____

Signature of Notary with Official Seal of Notary & Regn. No.

*strikeout whichever is not applicable

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.