

MUTUAL FUNDS

Aditya Birla Sun Life Mutual Fund



PROTECTING INVESTING FINANCING ADVISING

TRANSMISSION REQUISITION FORM

Folio No.		Tax Status
DECEASED'S NAME IN FOLIO		NRI <input type="checkbox"/>
DATE OF DEMISE D D M M Y Y Y Y		RESIDENT INDIVIDUAL <input type="checkbox"/>
NAME OF THE CLAIMANT		HUF <input type="checkbox"/>
PAN NUMBER		OTHERS <input type="checkbox"/>

REACH ME AT:

ISD CODE _____ **TEL: OFF.** S T D - _____ **TEL: RESI** S T D - _____

MOBILE NUMBER _____ **EMAIL ID** _____

NUMBER OF UNITS HELD IN FOLIO _____ **KYC** YES NO

This is to inform you that the Unit holder Mr / Ms / Mrs _____ expired on ____ D D / M M / Y Y Y Y ____
 I / We Mr / Ms / Mrs _____ is the claimant. Requesting you to Transfer the units to my name.
 I have also enclosed all necessary documents and supportings as per Annexure enclosed herewith.

NEW BANK DETAILS

Account No. _____ **Account Type [Please tick (✓)]** SAVINGS CURRENT NRE NRO FCNR OTHERS (please specify) _____

IFSC CODE** _____ **MICR CODE^^** _____

Name of the Bank _____

Branch Address _____

City _____ **State** _____ **Pin Code** _____

**This is an 11 Digit no. available in Cheque copy. ^^This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque If MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

ADDRESS FOR RECORDS

CITY _____ **STATE** _____ **PIN CODE** _____

NOMINATION DETAILS - in case you wish to appoint

NOMINEE NAME _____

NOMINEE DATE OF BIRTH D D M M Y Y Y Y _____

GUARDIAN'S NAME (IF MINOR) _____

NOMINEE ADDRESS _____

CITY _____ **STATE** _____ **PIN CODE** _____

SIGNATURE OF THE CLAIMANT / SURVIVING UNIT HOLDER	SIGNATURE OF THE CLAIMANT / SURVIVING UNIT HOLDER
ENCL: Cancelled original personalized Cheque leaf (bearing account number and first holders name on the face of the cheque). Bank account statement or Pass Book with entries not older than 3 months and evidencing the name, address and account number of the first holder. Letter from bank on its letterhead certifying the name, account number, bank branch and account type of the unit holder. And optionally details on MICR code of the branch & IFSC Code (where available).	BANKER'S ATTESTATION (with seal of Bank / designation and name)

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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Folio No _____

Collection Centre /
 ABSLAMC Stamp & Signature



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ANNEXURE : I

New Bank Mandate Details with Attestation from Bank Branch Manager
<To be given on Bank's Letter Head> or with <Bank Branch seal, employee name and number seal>

TO WHOMSOEVER IT MAY CONCERN

This is to Certify that Mr. / Ms (#) S/O or D/o: _____

residing at _____

is holding the following account in our Bank and Branch.

Account No.								Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CURRENT	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> OTHERS <small>(please specify)</small>
IFSC CODE**								MICR CODE^^						
Name of the Bank														
Branch Address														
City								State						Pin Code

**This is an 11 Digit no. available in Cheque copy. ^^This is a 9 digit number next to your Cheque Number. Please attach an extra blank cancelled cheque or a clear photocopy of a cheque if MICR and IFSC code for Redemption/Dividend Payout is available all payouts will be automatically processed as Electronic Payout-RTGS/NEFT/Direct Credit/NECS.

SIGNATURE OF THE ABOVE A/C HOLDER AS PER BANK RECORDS	SIGNATURE OF THE BANK MANAGER
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PLACE : _____	BANK & BRANCH SEAL WITH EMPLOYEE NAME AND NUMBER
DATE : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
(#) : NAME OF THE CLAIMANT	

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**ADITYA BIRLA
CAPITAL**

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I/We do hereby Solemnly affirm and sincerely state on oath as follows,

I/We inform you that "Mr. / Ms. (*) _____" passed away on _____ and he/she was holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

I/We further inform you that he/she has nominated me/us as the nominee of the mutual fund units standing in his/ her name.

I/We have, therefore, approached you with a request to transfer the aforesaid Mutual fund units in the name of the undersigns

"Mr. / Ms. (#) _____" without insisting of production of a succession certificate or an order of the court of competent jurisdiction for which I/We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration therefore of my / our request to transfer above said Mutual Fund units to my/our name/s, I/We agree to receive the said units only as an agent and trustee for the legal heirs or legatees of the said unit holder/s. I/We hereby further agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my request, transferring the said mutual fund units as herein above mentioned, to my / our name/s without insisting on production of a succession certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF THE said "Mr. / Ms. (#) _____" has/have here unto set their respective hands and seals this _____ day of _____

Signed and delivered by the said applicant/s

- _____
- _____
- _____

Name & Address of Nominee(s)

- _____
- _____
- _____

Signature of the Nominee(s)

Date: _____

Place: _____

Signature of Notary [with Name and Seal]

(*) =Name of the deceased unit holder/s

(#) =Name/s of the claimant/s

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ANNEXURE – II:

(To be signed jointly by all the Legal Heirs)

INDEMNITY BOND WITH RESPECT TO TRANSFER OF THE MUTUAL FUND UNITS HELD BY THE DECEASED HOLDER WITH OUT PRODUCTION OF LEGAL REPRESENTATION

(In case of Transmission of Mutual Fund Units held by a Single Holder/ on death of all unit holders in case of Joint Holding and where there is **no nominee registration**).

I/We state that "Mr. / Ms. (*)" passed away on _____ and he/she was holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

The said unit holder died intestate or without registering any nominee/s in folio/s on the _____ day of _____.

We further inform you that he / she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she governed at the time of his/her death.

We have, therefore, approached you with a request to transfer the aforesaid Mutual Fund units in the name of the undersigns

"Mr. / Ms. (#) _____"

"on my/our behalf without insisting of production of a succession certificate or an order of the court of competent jurisdiction for which we or any one on our behalf execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration therefore of my/our request to transfer above said Mutual Fund units to the name of the undersigned "Mr. / Ms. (#) _____".

I / we hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned "Mr. / Ms. (#) _____" without insisting on production of a succession certificate or letter of administration or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF THE said "Mr. / Ms. (#) _____" have here unto set their respective hands and seals this _____ day of _____.

Signed and delivered by the said legal heir(s).

1. _____

2. _____

3. _____

Name & Address of the Legal Heir/s

1. _____

2. _____

Suretie/s Name and Address [Mandatory]

Signature of the Legal Heir/s

Suretie/s Signature

Signature of the Notary with Name & Seal

(*) = Name of the deceased unit holder

(#) = Name of the claimant

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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Annexure – III

Individual Affidavits by the Legal Heirs

(In case of Transmission of Mutual Fund Units held by a Single Holder / on death of all unit holders in case of Joint Holding and where there is **no nominee registration**)

I (*) _____ " son / daughter / spouse of _____ residing at _____

_____ do

hereby solemnly affirm and sincerely state on oath as follows.

That Mr. / Mrs. . (#) _____ " the deceased was holding the following mutual fund units in his /her name as single holder/joint holders:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

That the deceased had died intestate on _____ for which we are attaching a Death Certificate.

The following are the only legal heir(s) of late Mr. / Mrs. . (#) _____ " for which we are attaching a Legal Heirship Certificate/ Succession Certificate.

Sl. No.	Name of the Legal Heirs	Address	Age	Relationship with the deceased
1				
2				
3				

That out of aforesaid legal heirs Master / Kumari. _____ Aged _____ years is a minor and he / she is being represented by Mr. / Ms. (\$) _____ " who is none other than his / her father / mother as natural guardian.

We also confirm that there is no other legal heir as stated above to the deceased, (#) _____ "

We also indemnify the concerned mutual fund and its authorized Registrar and Transfer Agent in a separate indemnity letter with a third party sureties.

DEPONENT SIGNATURE: _____

VERIFICATION

We hereby solemnly affirm and state on oath that what is stated herein above is true and correct Original Death Certificate or original attested copy of the death certificate. and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned mutual fund units of the deceased.

Solemnly affirmed at _____
Signed before me at _____ on _____

Signature of Notary with Official Seal of Notary

Note: 1. Each deponent shall sign separate affidavits.

(*) = Name of the deceased unit holder

(#) = Name of the legal heir

§Name of the guardian

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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Annexure –IV

(To be signed jointly by all the coparceners and the new Karta)

INDEMNITY BOND WITH RESPECT CHANGE OF KARTA / TO TRANSFER OF THE MUTUAL FUND UNITS HELD BY THE DECEASED KARTA WITH PRODUCTION OF DEATH CERTIFICATE OF KARTA

I/We do hereby solemnly affirm and sincerely state on oath as follows:

I/We inform you that "Mr. / Ms. (*) _____" passed away on _____ and he was the Karta of the HUF and holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

I /We inform you that the following are the only living members of the _____
(Name of the HUF) and that there are no other members / coparceners for the said HUF: Sl.No.

Name	Age	D.O.B.
1. _____		
2. _____		

I /We further inform you that Mr. "Mr. / Ms. (#) _____" is the senior most coparcener of the HUF/ is the new Karta duly appointed by all the members.

I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of the new Karta Mr. "Mr. / Ms. (#) _____" for which I /We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration thereof my / our request to replace the name of the Karta in the above said Mutual Fund units in the place of deceased Karta I/We hereby agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/ our request.

IN WITNESS WHEREOF THE said "Mr. / Ms. (\$) _____" has here unto set their respective hands and seals this _____ day of _____ Signed and delivered by the said applicant.

(Name of the Karta)

1. _____

Name & Address of members of the HUF

1. _____

2. _____

Sureties Name and Address [Mandatory]

Date: _____

Place: _____

(*) = Name of the deceased Karta [Unit Holder]
= Name of the members of HUF

Signature of the members of the HUF

Sureties Signature

Signature of notary [With name and seal]

(#) = Name of the new Karta (\$)
Add additional lines wherever applicable

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Mutual Fund

S No	Documents	Please tick where relevant
1	Original Death Certificate of deceased Unit Holder(s) / Karta or Notarized Copy of the Death Certificate.	
2	Copy of the PAN card of Nominee / Claimant duly attested by ARN Distributor / Notary / Bank Manager [Not applicable if KYC acknowledgment copy is attached]	
3	Copy of the PAN card of Nominee / Claimant [in case Nominee / Claimant being a minor] duly attested by ARN Distributor / Notary / Bank Manager [Not applicable if KYC acknowledgment copy is attached]	
4	Original Notarized / Attested Copy of the Proof of Age [Birth Certificate / PAN with Photo Card / Voter's ID / Ration Card in case of Family Head] in case Nominee / Claimant is Minor	
5	KYC acknowledgement copy for Claimant / Nominee for the respective applicable amount	
6	New Bank Mandate details - duly attested by Bank Manager	
7	Proof for Bank Mandate with supportings as per Enclosure mentioned in the form	
8	Letter from the Claimant/Nominee addressed to ABSLAMC	
9	Indemnity Bond*	
10	Original Notarized / Attested Copy of the Will with Probate of the Will [If available]	
11	Legal Heir / Succession Certificate or Affidavit* from Legal Heir [Individually].	
12	Dissolution Deed / HUF Partition Deed / Settlement Deed.	
13	Appropriate order from the Court / Court Decree.	
14	Any other documents submitted [Please specify].	

SIGNATURE OF THE CLAIMANT

DATE :

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Transmission process, Various Scenarios and Documentation requirement.:

1. Transmission in case of Joint Holder Being the claimant

- Letter from surviving unit holders requesting for transmission of units.
- Death Certificate in original or photocopy duly notarized or attested by gazette officer
- Bank Account details of the new first unit holder as per **Annexure-I** along with attestation by a bank branch Manager and cancelled cheque bearing the account details and account holders name.
- KYC of the surviving unit holders, if not already submitted.

2. Transmission where mode of holding is single and there is a nominee registered.

- Letter from claimant nominee/s requesting for transmission of units
- Death Certificate/s in original or photocopy duly notarized or attested by gazette officer or a bank manager.
- Bank Account details of the new first unit holder as per **Annexure-I** along with attestation by a bank branch Manager and cancelled cheque bearing the account details and account holders name.
- KYC of the claimant/s.

3. Transmission to claimant/s, where nominee is not registered and no Joint holders:

- Letter from claimant/s requesting for transmission of units
- Death Certificate/s in original or photocopy duly notarized or attested by gazette officer or a bank manager
- Bank Account details of the new first unit holder as per **Annexure-I** along with attestation by a bank branch Manager and cancelled cheque bearing the account details and account holders name.
- KYC of the claimant/s.
- Indemnity Bond from legal heir/s - **Annexure II (On stamp paper of value Rs. 500).**
- Individual affidavits from legal heir/s - **Annexure III (On Stamp paper of value Rs. 100).**
- If the transmission amount is below Rs 2 Lakh: any appropriate document evidencing of the claimant/s with the deceased unit holder/s. (Passport Copy, ration card or any other document evidencing the relationship)
- If the transmission amount is Rs 2 Lakh or more: Any one of the documents mentioned below:
 - Notarised copy of Probated Will, or Legal Heir Certificate or Succession Certificate or Claimant's Certificate issued by a competent court, or Letter of Administration, in case of Intestate Succession.

4. Transmission in case of HUF, due to death of Karta:

HUF, being a Hindu Undivided Family, the property of the family is managed by the Karta and HUF does not come to an end in the event of death of the Karta. In such a case, the members of the HUF will appoint the new Karta who needs to submit following documents for transmission:

- Letter Requesting for change of Karta.
- Death Certificate in original or photocopy duly notarized or attested by gazette officer or a bank manager.
- Duly certified Bank certificate stating that the signature and details of new Karta have been appended in the bank account of the HUF - **Annexure I**
- KYC of the new Karta and KYC of HUF
- Indemnity bond signed by all the surviving coparceners appointing the new Karta - **Annexure IV. (On stamp paper of value Rs. 500)**
- In case of no surviving co-parceners AND the transmission amount is Rs 2 Lakh or more OR where there is an objection from any surviving members of the HUF, transmission shall be effected only on the basis of any of the following mandatory documents:
 - Notarized copy of Settlement Deed, or
 - Notarized copy of Deed of Partition, or
 - Notarized copy of Decree of the relevant competent Court

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