

**Transmission to New Karta/Claimant
(on death of HUF Karta or on Dissolution of HUF)**

Date:

D	D	M	M	Y	Y	Y	Y
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To:
HSBC Mutual Fund

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

Folio No.	1.	2.
	3.	4.
Deceased HUF Karta Name		
HUF (where Karta expired) PAN/PEKRN		
Claimant Name		
Claimant (Guardian) PAN/PEKRN		

PART B – TRANSMISSION REQUEST FORM

I, the surviving co-parcener of above named HUF/claimant, hereby inform you that, Mr. _____, the Karta of the above HUF who was managing the affairs of the HUF, expired on _____ and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener or claimant as HUF is dissolved. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records or transmit the units in my favour as HUF is dissolved and no surviving co-parcener(s) in respect of the investments of the HUF in the following schemes /folios:

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

PART C – OTHER INFORMATION ABOUT NEW KARTA/CLAIMANT
☐ 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. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>+</td><td>9</td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	+	9	1																		Tel. No. (STD) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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Above Mobile belongs to : ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter																																									
Email Address:	Email ID to be filled in CAPITAL LETTERS																																								
Above Email belongs to : ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter																																									

Request submitted for:

☐ Transmission Request Form to New Karta/Claimant (on death of HUF Karta or on Dissolution of HUF)

From _____

Folio No. _____

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

Stamp & Signature

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

Bank Account Details of the Claimant

Bank Name	
Account No.	11 Digit IFSC Code
A/c Type (Pls ✓) : ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR	9 Digit MICR Code
Name of Bank Branch	
City	Pin
<i>Please attach & tick ✓ any one of the following to validate your bank details :</i>	
☐ Cancelled cheque with claimant's name & account pre-printed OR	
☐ Claimant's Bank Statement/Passbook with claimant's name pre-printed	
I also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder(s) to me by direct credit to the bank account mentioned above.	

PART D – 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 Company/AMC/RTA/Depository Participant/Depository 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.

New Karta/Claimant Signature ✕	
Place _____	
Date _____	
Signed before me	
Place _____	
Date _____	
Signature of Notary with Official Seal of Notary & Regn. No.	

* *strikeout whichever is not applicable.*

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management Services.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in