

**Transmission Request Form (under Simplified category but other than QTP Category)
(on death of the Sole holder/all holders)**Tick the boxes ☒ wherever applicable and fill in the details legibly.To:
HSBC Mutual FundDate:

D	D	M	M	Y	Y	Y	Y
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PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

Folio No.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN/PEKRN (Mention only number)	

PART B – DETAILS OF SECURITIES

I/We, the Nominee/Legal Heir/Claimant of the above referred deceased investor(s), hereby inform you about the demise of the above-mentioned security/unit holder(s) and request you to transmit the securities/units held by the deceased security/unit holder(s) as listed below in my/our favor in my/our capacity as

- ☐ Nominee(s)
☐ Legal Heir(s)
☐ Successor to the Estate of the deceased
☐ Administrator of the Estate of the deceased

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

Request submitted for: ☐ Transmission Request Form (For Transmission under other than QTP Category)

From _____

Folio No. _____

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

Stamp & Signature

PART C – OTHER INFORMATION ABOUT NOMINEE / LEGAL HEIR / CLAIMANT

☐ KYC Acknowledgment attached ☐ KYC form attached

Tax Status:

☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO / OCI ☐ Others _____ (please specify)

CONTACT DETAILS**Contact details of the Nominee / Legal Heir / Claimant**

Mobile No.	+ 9 1	Tel. (STD)
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		

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 Nominee / Legal Heir / Claimant

Bank Name	
Account number	11 Digit IFSC Code
A/c Type (Pls ✓) : ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR	9 Digit MICR Code
Name of Bank and Branch	
City	Pin
<i>Please attach & tick ✓ any one of the following to validate your bank details :</i> ☐ Cancelled cheque with claimant's name pre-printed OR ☐ Claimant's Bank Statement / Passbook with claimant's name pre-printed 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.	

Nomination® (Please ✓ one of the options below)

- ☐ I / We **DO NOT** wish to make a nomination. (Mandatory to tick ✓ if you do not wish to nominate anyone)
- ☐ I / We wish to make a nomination and I / We do hereby nominate the person more particularly described hereunder to receive the Units held my / our folio in the event of my / our death (Fill the separate nomination form).

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

**PART D – CONSENT BY OTHER NOMINEE(S) TO BE ADDED AS JOINT HOLDER(S)
(APPLICABLE ONLY IN CASE OF CLAIMS SUBMITTED BY NOMINEE)**

Other nominee(s) nominated by the deceased holder in the above referred folio(s) as listed below hereby consent to transmit the units with me as the first holder and add other nominee(s) as Joint Holder(s) in the new transmitted folio.

Name of the Nominee(s) to be added as joint holder	PAN/PEKN	KYC Compliance*

*if KYC not compliance/not done, KYC form with relevant supporting documents to be submitted.

I/We hereby provided my/our consent to add me/us as Joint Holder in the new transmission folio where claimant would be the first holder and consider this as my/our specimen signature.

Name of the Nominee(s) to be added as joint holder	Signature
	X
	X

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 Company/AMC/RTA/Depository Participant 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.

Place _____	Signature / Thumb impression Claimant X
Date _____	
Signed before me	
At : _____	
On : _____	
Signature of Notary with Official Seal of Notary & Regn. No.	

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.

* *strikeout whichever is not applicable.*

Documents checklist to be annexed along with the transmission request form.

[illegible]