

**Request for Transmission of Units by Surviving Joint Holder/s
(Where the 1st Holder is Deceased)**

Date:

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To:
HSBC Mutual Fund

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

DP ID / Client ID / Folio No.	1.	2.
	3.	4.
Deceased Holder Name:		
Claimant Name		
Claimant PAN / PEKRN (Mention only number)		

Dear Sir/Madam,

I/We, the joint holder(s) in the above referred folio(s), hereby inform you about the demise of the 1st holder in the above specified folios viz. _____

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

I/we, the surviving Unitholder/s therefore request you to transmit the Units in the above mentioned folios in my/our name/s in the following order:

S. No.	Name of the unit holder	PAN	Tax Status
1	Mr./Ms.		☐ Resident ☐ NRI ☐ OCI/PIO
2	Mr./Ms.		☐ Resident ☐ NRI ☐ OCI/PIO

I/We also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder to the aforesaid new Holder no. 1, named at Sr. no. 1 above, by direct credit to the bank account mentioned hereinbelow.

Contact details of new 1st unit holder

Mobile No. + 9 1 _____	Tel. No. (STD) _____
Above Mobile belongs to : ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter	
Email Address: _____	<i>Email ID to be filled in CAPITAL LETTERS</i>
Above Email belongs to : ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter	

Request submitted for:

☐ Request for Transmission of Units by Surviving Joint Holder/s (Where the 1st Holder is Deceased)

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 of new 1st unit holder

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.	

PART B – 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.

Signature of new unit holder(s)

Name	Signature / Thumb Impression
1st Unit Holder.	X
Joint Holder1.	X
Place _____ Date _____	
At : _____ On : _____	Signed before me 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. The thumb impression should be notarised by notary public. Incase of medical reason additionally enclose doctor's certificate.

* *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