

KARTA OF HUF DECEASED - HUF DISSOLVED

TRANSMISSION DOCUMENTS MATRIX – READY RECKONER

S. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
1.	Prescribed Transmission Request Form	✓ Form T1	✓ Form T2	✓ Form T3	✓ Form T3	✓ Form T4	✓ Form T5
2.	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer or photocopy self-attested by the nominee(s) / claimant(s) / legal heir(s) subject to verification with original by AMC branches.	✓	✓	✓	✓	✓	✓
3.	Copy of Birth Certificate (in case the claimant is a minor)	NA	NA	✓	✓	NA	✓
4.	Self-attested copy of PAN of the claimant / new Karta / Guardian	✓*	✓*	✓	✓	✓	✓
5.	KYC of the Claimant / New Karta / Guardian (in case of nominee / claimant being a minor / of unsound mind).	✓**	✓**	✓	✓	✓	✓
6.	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager.	✓	✓	✓	✓	✓	✓
7.	Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I where Transmission value upto ₹500,000	NA	NA	✓	✓	NA	✓
8.	Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure- 1a	NA	NA	NA	NA	✓	NA
9.	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class (in the space provided in TRF) if the Transmission value in more than ₹500,000	NA	NA	✓	✓	NA	✓
10.	ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other valid Officially Valid Document (OVD) as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and Original Seen and verified (OSV) seal attested by them.	✓	✓	✓	✓	✓	✓

*If PAN not submitted previously **If not KYC compliant

SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(i)	Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) - Duly notarised #	NA	NA	NA	✓	NA	NA
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - Duly Notarised	NA	NA	NA	✓	NA	NA
(iii)	For Transmission value upto ₹500,000:						
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	NA	NA	NA	✓	NA	NA
	NOC from other Legal Heirs (Annexure – IV)	NA	NA	NA	✓	NA	NA
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	NA	NA	NA		✓	
	<i>Note: If the value at PAN level is upto ₹5 lakh, a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are to be transmitted, in the specified format is required. However, No Objection certificate from all non-claimants shall be required only where there are multiple beneficiaries as per the Registered Will, but all of them have renounced their claim and have no objection to the applicant (claimant) making the claim for transmission of Units. In such cases, the PAN/any OVD of such other legal heirs may also be obtained along with the NOC duly attested by a notary public or by a gazetted officer as per the specified format.</i>						

SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(iv)	Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:						
	a) Notarised copy of the Probated or Registered Will. In case of Registered Will, the same shall be accompanied with a notarised Indemnity bond from the claimant (i.e., appropriate beneficiary of the Will) OR b) Legal Heirship Certificate or its equivalent, along with – 1) a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are transmitted, as per the format specified provided; and 2) No Objection Certificate from all the non- claimants (remaining legal heirs), duly attested by a notary public or by a gazetted officer as per the format provided.	NA	NA	NA	✓	NA	NA
	Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :						
	a) Notarised copy of Probated Will; OR b) Succession Certificate issued by a competent court, OR c) Letter of Administration or court decree, in case of Intestate Succession. <i>Note: In the above three scenarios, Indemnity Bond as mentioned at point no (i) is not required.</i>	NA	NA	NA	✓	NA	NA
	For change of Karta of HUF or Dissolution of HUF						
(v)	Indemnity bond signed by all co-parceners including the new Karta (Annexure V)	NA	NA	NA	NA	✓	NA
(vi)	Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/partitioned after demise of the Karta (Annexure VI)	NA	NA	NA	NA	NA	✓
	<i>Note:</i> <i>Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition.</i> <i>In case of no surviving co-parceners and the transmission value is more than ₹500,000 or where there is an objection from any surviving members of the HUF.</i>						

Date:

D	D	M	M	Y	Y	Y	Y
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Name of the Claimant : Mr./Ms.											
Name of the Guardian	← in case the claimant is a minor → Date of Birth of the minor* <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Mr./Ms.											
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*											
PAN (Claimant/Guardian): <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached											
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (<i>please specify</i>)											
Name of the HUF:											
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____.											
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR <input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree.											
<i>(Please tick ✓ whichever is applicable)</i>											

S.No.	Name(s) of the Deceased Unitholder(s)	Id. Proof attached**	Date of demise**
1	Mr./Ms.		D D / M M / Y Y Y Y
2	Mr./Ms.		D D / M M / Y Y Y Y

Therefore I hereby request you to transmit the Units held by the HUF in the following schemes & proportion in my favour:

S.No.	Scheme Name	Folio No.	No. of units	% of Claim@
1				
2				
3				
4				

[@] as per Deed of Settlement / Partition of HUF /Decree of the competent court

Contact details of the Claimant

Mobile No.	+	9	1												Tel. (Res./Office)														
Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																													
Email Address:																<i>Email ID to be filled in CAPITAL LETTERS</i>													
E-mail belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																													

Address (Please note that the address of the Claimant will be updated as per address on KYC form / KYC Registration Agency records)

Address Line 1									
Address Line 2									
City				State			PIN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Overseas Address *(Mandatory in case of NRI Claimant in addition to mailing address) (Should be same as in KRA records.)*

Address Line 1													
Address Line 2													
City					State								
Country (Mandatory)							Zip Code						

Bank Account Details of the claimant

Bank Name														
Account No. :										IFSC Code (11 Digit):				
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR										MICR Code (9 Digit):				
Name of bank branch														
City:										Pin				

Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1

I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF if any, to me by direct credit to the bank account mentioned above.

Additional KYC information (Please tick ✓ whichever is applicable)

Occupation :	<input type="checkbox"/> Private Sector Service	<input type="checkbox"/> Public Sector Service	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
	<input type="checkbox"/> Home Maker	<input type="checkbox"/> Student	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Others (Please specify) _____			
The claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (not applicable)							
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore							

FATCA and CRS information

Country of Birth: _____	Place of Birth: _____	Nationality _____
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

Nomination@ (Please ✓ one of the options below)					
<input type="checkbox"/> I DO NOT wish to make a nomination. (Please tick ✓ if the claimant does not wish to nominate anyone)					
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described hereunder to receive the Units held my/our folio in the event of my death.					
@ Guardian of a minor is not allowed to make a nomination on behalf of the minor.					
Nominee's Name	Guardian's Name*	PAN of Nominee/ Guardian*	Date of Birth of Nominee*	Allocation (%)	Signature of Nominee/ Guardian*
Nominee 1					
Nominee 2					
Nominee 3					

(* in case the Nominee is a Minor)

Declaration and Signature of Claimant/s

- I have attached herewith all the relevant / required documents as indicated in the attached Ready Reckoner.
- I confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I undertake to keep _____ Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.
- I hereby authorize HSBC Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____ Date _____	Signature of Claimant ✕
Signed before me	
At : _____ On : _____	Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.

Note: This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹5 lakhs

Documents Attached:

- ☐ Copy of Death Certificate of the deceased Karta
- ☐ Officially Valid Document (OVD) of the deceased unitholder
- ☐ Copy of Birth Certificate (in case the Claimant is a minor)
- ☐ Copy of PAN Card of Claimant / Guardian
- ☐ KYC Acknowledgment
- ☐ Cancelled cheque with claimant's name printed
- ☐ Annexure-I - Bank Attestation of Signature & bank account (if the value of the Units being transmitted is more than ₹ 5 lakhs)
- ☐ Bond of Indemnity signed by surviving coparceners as per Annexure V.
- Notarised copy of ☐ Deed of Settlement ☐ Deed of Partition of HUF ☐ Decree of the competent court
- ☐ KYC form of Claimant
- ☐ Claimant's Bank Statement/Passbook

PUBLIC

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below)

Date:

D	D	M	M	Y	Y	Y	Y
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TO WHOMSOEVER IT MAY CONCERN

is a customer of our bank, namely, _____, Name of the Bank

the following Bank Account:

Account number : <input type="text"/>															
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____															
MICR Code (9 Digit) : <input type="text"/>									IFSC Code (11 Digit) : <input type="text"/>						

His/her address, as per our Bank records, is as follows:

[illegible]

**Signature Verification by Bankers
(Manager and above)**

**Signature of the above customer
in the box alongside, verified &
validated with his/her specimen
signature as per Bank's records**

Name* of the attesting Bank Official	
Designation* (Manager and above)	Manager and above
Employee Code*	
Telephone Number*	

* Mandatory

**Bond of Indemnity to be submitted by the Claimant on dissolution of HUF or
where there are no surviving members after demise of the Karta**

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State subject]

I, _____ aged _____ years, presently residing at _____ and surviving member of _____ Name of the Hindu Undivided Family HUF, (hereinafter referred to as "the HUF") hereby solemnly affirm and state on oath as under:

1. That the HUF has investments/units in the following schemes/folios:

S.No.	Scheme Name	Folio No.	No. of Units
1			
2			
3			
4			

2. That Mr. _____ who was managing the affairs of the HUF as its the Karta, expired on _____.
3. That after the death of the abovenamed Karta, the aforesaid HUF stands dissolved, as there are no other surviving coparcener except myself * OR as the surviving members of the HUF have decided to dissolve / partition the HUF vide Settlement Deed / Partition Deed / Court Decree dated _____*.
4. That I have approached _____ Mutual Fund with a request to transmit the aforesaid Units / proportional units as per the Settlement Deed / Partition Deed / Court Decree dated _____ (hereinafter referred to as "the Units") in my name, in your records for which I execute the indemnity as is herein contained and on relying on the information herein given by me believing the same to be true.
5. That I agree and undertake to provide all necessary documents as may be required by _____ Mutual Fund for processing my request as aforesaid.

In consideration therefore of _____ Mutual Fund acceding to my request to transmit the Units in the Mutual Fund folios in my name, I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless _____ Mutual Fund, its asset management company and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which the mutual fund may suffer and/or incur by reason of acceding to and acting on my/our request as herein above mentioned.

I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

IN WITNESS WHEREOF, I/we have hereunto set my/our hand/s and seal/s this _____ day of _____

Signed and delivered by the within named

Name of the Claimant

X

Signature of the Claimant

Signed before me

Place : _____

Date : _____

X

Signature of Notary with Official Seal of Notary

STAMP DUTY CHARGES FOR VARIOUS STATES IN INDIA

As on October 15, 2024

S. No.	Name of the State	POA (for each person) (INR)	Indemnity Bond (IB) for Transmission	Affidavit (A) for Transmission	Indemnity/Affidavit for Name Change (IB+A value)	Indemnity for Revalidation (IB+A value)
1	Gujrat	300	300	50	350	350
2	Karnataka	500	500	100	600	600
3	West Bengal	100	50	10	60	60
4	Tamil Nadu	100	80	20	100	100
5	Maharashtra	500	500	500	1000	1000
6	Delhi	50	100	10	110	110
7	Rajasthan	200	200	50	250	250
8	Uttar Pradesh	100	100	10	110	110
9	Telangana	10	5	5	10	10
10	Kerala	600	500	50	550	550
11	Punjab & Haryana	10	5	15	20	20
12	Madhya Pradesh	1000	1000	50	1050	1050
13	Jammu & Kashmir	100	500	10	510	510
14	Andhra Pradesh	10	5	5	10	10
15	Chhattisgarh	100	250	5	255	255