

## 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)	<b>For Transmission value upto ₹500,000:</b>						
	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)	<b>Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:</b>						
	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
	<b>Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :</b>						
	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
	<b>For change of Karta of HUF or Dissolution of HUF</b>						
(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: Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition. 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>						

**Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta/where there are no surviving co-parceners.**

 Date: 

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

<b>Name of the Claimant :</b> 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; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">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; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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 (please specify) _____												
<b>Name of the HUF:</b>												
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. (Please tick ✓ whichever is applicable)												

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

\*\* Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport / Voter Id. (any one)

\*\* 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.

Therefore I hereby request you to transmit the Units held by the HUF in the following schemes &amp; 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**

<b>Mobile No.</b> + 9 1 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Tel. (Res./Office) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																								
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																								
<b>Email Address:</b> _____ <b>Email ID to be filled in CAPITAL LETTERS</b>																								
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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

**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	Zip Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
Country (Mandatory)								

**Bank Account Details of the claimant**

Bank Name																							
Account No. : <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> IFSC Code (11 Digit): <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																							
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): <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						
Name of bank branch																							
City:	Pin <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						

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 I



**BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE**

(where aggregate value of investment under all folios is up to ₹5 lakhs)

(To be issued on the Bank's Letter Head

OR

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

Date:

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Mr. / Ms. \_\_\_\_\_  
is a customer of our bank, namely, \_\_\_\_\_ Name of the Bank,  
\_\_\_\_\_ branch having  
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:

City	State	PIN <input type="text"/>

**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

X	Signature of the client
---	-------------------------

X	Signature of the bank official with Bank's Seal
---	---

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 severally 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

\_\_\_\_\_ X \_\_\_\_\_  
 Name of the Claimant Signature of the Claimant

**Signed before me**

Place : \_\_\_\_\_ X \_\_\_\_\_  
 Date : \_\_\_\_\_ Signature of Notary with Official Seal of Notary

**STAMP DUTY CHARGES**
**As on May 30, 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	100	600	600
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