

TRANSMISSION - KARTA OF HUF DECEASED - NEW KARTA APPOINTED

TRANSMISSION DOCUMENTS MATRIX - READY RECKONER							
S. 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
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.	✓	✓	✓	✓	✓	✓
3.	Copy of Birth Certificate (in case the Claimant is a minor)	NA	✓	✓	✓	NA	✓
4.	KYC of the Claimant / New Karta / Guardian (in case of nominee /claimant being a minor / of unsound mind).	✓*	✓*	✓	✓	✓	✓
5.	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.	✓	✓	✓	✓	✓	✓
6.	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 ₹ 200,000:	NA	NA	✓	✓	NA	✓
7.	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
8.	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class, if the Transmission value in more than ₹ 200,000: (in the space provided in TRF)	NA	NA	✓	✓	NA	✓

*If not KYC compliant

SUPPORTING LEGAL DOCUMENTS							
S. 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)	Transmission value upto ₹ 200,000: 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	NA	✓	NA
(iv)	Transmission value is more than ₹ 200,000: (i) Notarised copy of the Probated Will OR (ii) Notarised copy Legal Heir certificate or Succession certificate issued by a competent court OR (iii) Notarised copy Letter of Administration, in case of an intestate Succession	NA	NA	NA	✓	NA	NA
★	Notarized copy of – Deed of Settlement or Deed of Partition or Decree of the relevant competent Court	NA	NA	NA	NA	NA	✓
★	In case of no surviving co-parceners and the transmission value is more than ₹ 200,000 OR where there is an objection from any surviving members of the HUF	NA	NA	NA	NA	✓	NA
★ (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	✓

* In case the claimant produces any one of the documents mentioned at (iv) above, where transmission value is more than ₹ 2 Lakhs, then indemnity bond as mentioned at point no (i) would not be required

Note - All the supporting documents should be either notarized or a notarised copy duly attested by a Gazetted Officer with the Name, seal, signature and designation of the attesting official. For HUF, HUF seal to be affixed on all the documents.

★ STAMP DUTY CHARGES - ANNEXURE A

**Transmission Request Form for Change of Karta upon demise of the registered Karta
(Where the 1st holder is Deceased)**

Date:

D	D	M	M	Y	Y	Y	Y
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To:
The Trustees,
_____ Mutual Fund

Name of the HUF:										
Name of the new Karta: Mr./Ms. _____										
PAN of the new Karta : <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></tr></table> <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached										

I, the surviving co-parcener of abovenamed HUF, 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. 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 in respect of the investments of the HUF in the following schemes / folios:

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

Contact Details of the new Karta

Mobile No.: + 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></tr></table>											Land Line No.: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">S</td><td style="width: 20px; height: 20px;">T</td><td style="width: 20px; height: 20px;">D</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>	S	T	D	-						
S	T	D	-																		
Email Address: _____																					

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

Address Line 1		
Address Line 2		
City	Pin	State

Bank Account Details of the HUF

Bank Name																																
Account number : <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><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><td style="width: 20px; height: 20px;"></td></tr></table>												
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____	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>																															
<i>Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank Statement/Passbook of the HUF to validate your bank details & Banker's Certification of the bank account details and signature of the new Karta as per Annexure 1.</i>																																

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

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

Name the new Karta	Signature
	×

Documents Attached

- Copy of Death Certificate of the deceased Karta
- Cancelled cheque with HUF name pre-printed OR Bank Statement/Passbook of the HUF
- Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1A
- KYC Acknowledgment OR KYC Form of the HUF (if the HUF is not KYC compliant)
- Bond of Indemnity signed by all surviving coparceners (including the new Karta) as per Annexure V.
- Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta

BANK ATTESTATION OF ACCOUNT DETAILS & SIGNATURE OF THE NEW KARTA OF THE HUF

{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, _____ Name of the HUF _____ HUF
has the below-mentioned the Bank Account with our bank, namely, _____ Name of the Bank & Branch _____
_____ branch

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

As per our Bank records, Mr./Ms. , _____ Name of the Karta _____ ,
is the registered Karta of the abovenamed HUF and the address of the said HUF is as follows:

City	Pin	State

Signature Verification by Bankers

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

X	Signature of the registered Karta
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Signature of the bank official with Bank's Seal

X

Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* Mandatory

Indemnity Bond for Change of Karta in respect of MF Units upon demise of the Karta

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

(To be signed by all the co-parceners including the new Karta)

I/We, the below mentioned surviving co-parcener(s) of _____ Name of the Hindu Undivided Family _____ HUF, (hereinafter referred to as "the HUF") hereby solemnly affirm and state on oath as follows –

(i) The HUF has investments in in the following Schemes / folios of _____ Mutual Fund:

S.No.	Scheme Name	Folio No.	No. of units held
1			
2			
3			
4			

(ii) The Karta of the above HUF, Mr. _____, who was managing the affairs of the HUF, expired on _____ and the persons mentioned below are the only living member(s) of the HUF:

S. No.	Name of the coparcener(s)	Address	Date of Birth	Relationship with the Deceased Karta
1				
2				
3				
4				

(iii) I/We further affirm jointly and singly that Mr./Ms. _____ is the senior most coparcener of the HUF / is the new Karta duly appointed by all the surviving members of the HUF.

(iv) I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of Mr./Ms. _____ as the new Karta of the HUF in your records for which I/We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

(v) In consideration therefore of _____ Mutual Fund acceding to my/our request to replace the name of the Karta in the aforesaid Mutual Fund folios in the place of deceased Karta, I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless _____ Mutual Fund 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

S.No.	Name the Coparcener/s	Signature
1.		X
2.		X
3.		X
4.		X

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the _____ Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the coparceners hereinabove and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

S.No.	Sureties Name & Address (Mandatory)	Signature of the Surety
1.		X
2.		X

Signed before me

Place : _____

Date : _____

X

Signature of Notary with Official Seal of Notary

ANNEXURE A

S.No.	Name of the State	Indemnity Bond for Transmission	Affidavit for Transmission
1	Gujrat	100	20
2	Karnataka	200	20
3	West Bengal	50	10
4	Tamilnadu	80	20
5	Maharashtra	500	100
6	Delhi	100	10
7	Rajasthan	200	50
8	Uttar Pradesh	100	10
9	Telangana/Andhra Pradesh	100	10
10	Kerala	100	50