

Transmission Request Form-cum-Undertaking for Quick Transmission Processing (QTP)
Where No Nominee is Registered
(To be submitted on Plain Paper)

Tick the boxes ☒ wherever applicable and fill in the details legibly.

Date:

D	D	M	M	Y	Y	Y	Y
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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)		
Category of Claimant	☐ Parent ☐ Spouse ☐ Child ☐ Parent-in-law	
Documentary Proof attached (<i>Refer Annexure – 1 for the documents list</i>)		

PART B – TRANSMISSION REQUEST FORM

I, the claimant named hereinabove, 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) in my favor in my capacity as:

- ☐ Legal Heir
- ☐ Successor to the Estate of the deceased
- ☐ Administrator of the Estate of the deceased

Request submitted for: ☐ Transmission Request Form-cum-Undertaking for Quick Transmission Processing

From _____

Folio No. _____

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

Stamp & Signature

PART C – UNDERTAKING

I/We _____, legal heir(s) of Late Mr./Ms. _____ ("Name of the Deceased Holder"), residing at _____ do hereby state and undertake as under:

1. The deceased holder held the following securities / MF unit holdings in his/her name as sole/single holder:

S. No.	Name of Mutual Fund Scheme	Folio No. / Client ID / DP ID	No. of Units Held
1			
2			
3			

2. Above referred deceased holder died without registering any nominee.
 3. That I/We are the legal heir(s) of the deceased as per the details in the below table and that we are the only legal heirs/legatees of the deceased holder.

Name of the Legal Heir(s)*	Age	Relationship with the deceased

* Where any legal heir is a minor, such minor is represented herein by his/her natural/legal guardian.

Therefore, I/We, the Legal Heir(s)/Claimant(s), have approached HSBC Mutual Fund with a request to transmit the aforesaid units in the name of the undersigned, Mr./Ms. _____ [Name(s) of the legal heir(s)/claimant(s)], on my/our behalf. I / We, am / are furnishing the documents as mentioned below for transmission of the units in our name:

S. No.	Document	Submitted	Remarks
1	Original Transmission Request Form (duly filled and signed)	☐	
2	Verifiable death certificate (as per SEBI circular dated July 23, 2026) of the deceased holder.	☐	
3	Copy of the Statement of account (SOA) if available or Original security certificate, where applicable.	☐	
4	If the claimant is a minor, copy of birth certificate or school leaving certificate or passport, or masked Aadhaar showing the last four digits and date of birth duly attested by the natural or legal guardian.	☐	
5	KYC of the Guardian (in case of nominee/claimant being a minor / of unsound mind).	☐	
6	Nomination Form or Nomination Opt-Out form	☐	
7	FATCA-CRS Declaration in a prescribed format, wherever applicable	☐	
8	Signature of the Nominee/Claimant shall be attested only by a Notary Public or a Judicial Magistrate First Class (JMFC) or banker attestation of signature in their letter head with Claimant Name, PAN, address as per bank records and attested officer's Name, Emp. No., Designation, Branch Name Branch Address.	☐	
9	Document evidencing relationship between the claimant and the deceased security holder (applicable only where claimant is parent, spouse, child or parent-in-law).	☐	
10	Transmission Request Form-cum-Undertaking on plain paper as per specified format.	☐	

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 – OTHER INFORMATION ABOUT CLAIMANT

☐ KYC Acknowledgment attached ☐ KYC form attached

Tax Status:

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

Contact details of the Claimant

Mobile No.	+	9	1												Tel. No. (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 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 Branch		
City	Pin	
<i>Please attach & tick ✓ any one of the following to validate your bank details :</i>		
☐ Cancelled cheque with claimant's name & account 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 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 / Depository 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 for onward circulation/dissemination to all applicable regulated entities.

Signature/Thumb impression of Claimant X	
Place _____	
Date _____	
Signed before me	
Place _____	
Date _____	Signature of Notary/JMFC Official stamp & seal of the Notary Magistrate/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.

ANNEXURE - A: PROOF OF RELATIONSHIP

A self-attested copy of the proof of relationship as referred to above is enclosed herewith:

Tick against the document* given as proof of relationship	
☐ Birth certificate which lists the parent's name ☐ School leaving certificate ☐ School records / service records mentioning the parent's name ☐ Passport ☐ Marriage Certificate ☐ Ration Card ☐ Voter ID ☐ Aadhar	☐ Permanent Account Number ☐ Will ☐ Legal Heirship Certificate ☐ Court Decree ☐ Letter of Administration ☐ Succession Certificate ☐ Probate of Will (<i>where available</i>)
*In case none of the above documents are available, a notarized Affidavit in the format given in Annexure -B.	

AFFIDAVIT

To be executed on Non-Judicial Stamp Paper of appropriate value (as applicable in the relevant State where the claimant resides) and notarized/attested by a Gazetted Officer or Judicial Magistrate First Class (JMFC)

I/We _____, Son/daughter/
legal heir of _____ residing at _____
_____, do hereby solemnly
affirm and state on oath as follows.

That Mr./Mrs. _____ ("Name of the
Deceased Holder") held the following securities:

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

That the aforesaid deceased holder died leaving behind the following persons as the legal heirs without registering any nominee:

S. No.	Name of the Legal Heir(s)	Address and contact details	Age	Relation with the Deceased
1				
2				
3				

That among the aforesaid legal heirs, Master/ Kumari. _____
aged _____ years is a minor and is being represented by Mr./Ms. _____
("Name of the Guardian") being his/her father/mother/legal guardian.

Signature / Thumb Impression of the Deponent: X
Place _____
Date _____

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.

VERIFICATION

I /We hereby solemnly affirm and state that what is stated herein above is true and correct and nothing has been concealed therein and that we I am competent to contract and entitled to rights and benefits of the above mentioned securities of the deceased.

Signature of the Deponent: X
Solemnly affirmed at _____

Signed before me X
Place _____
Date _____
Signature of Notary with Official Seal of Notary & Regn. No.

* strikeout whichever is not applicable.

STAMP DUTY CHARGES FOR VARIOUS STATES IN INDIA

As on October 15, 2024

S. No.	Name of the State	Indemnity Bond (IB) for Transmission	Affidavit (A) for Transmission
1	Gujrat	300	50
2	Karnataka	500	100
3	West Bengal	50	10
4	Tamil Nadu	80	20
5	Maharashtra #	500	500
6	Delhi	100	10
7	Rajasthan	200	50
8	Uttar Pradesh	100	10
9	Telangana	5	5
10	Kerala	500	50
11	Punjab & Haryana	5	15
12	Madhya Pradesh	1000	50
13	Jammu & Kashmir	500	10
14	Andhra Pradesh	5	5
15	Chhattisgarh	250	5

states not part of the above list to follow Maharashtra stamp value .