Simplified Grid for Documentation Requirement for Transmission of Mutual Fund Units

APPLICABILITY OF DOCUMENTATION CATEGORIES

Category	Applicability
QTP	Quick Transmission Processing — very low-value claims by immediate relatives (parents, spouse, children, parents-in-law)
Simplified	Simplified documentation cases other than QTP, within the prescribed threshold
Above Threshold	Claims exceeding the simplified documentation threshold

DOCUMENTATION GRID

Item	Document required from claimant (duly signed / executed)	QTP	Simplified	Above Threshold
A	**Common documents (mandatory in all cases)**			
1	Transmission request form	✓	✓	✓
2	Latest Client Master List (CML) of the claimant's demat account	✓	✓	✓
3	Verifiable death certificate of the deceased unit holder	✓	✓	✓
4	Original statement of SOA (if applicable)	✓	✓	✓
5	Copy of Birth Certificate or School leaving certificate / Passport or Aadhaar attested by guardian (in case the nominee / claimant / legal heir is a minor)	✓	✓	✓
6	KYC of the Guardian (in case of nominee / claimant being a minor / of unsound mind)	✓	✓	✓
B	**Relationship proof - applicable for "QTP"**			
7	Document evidencing relationship between the claimant and the deceased unit holder (applicable only where claimant is parent, spouse, child or parent-in-law)	✓	—	—
8	Transmission Request Form-cum-Undertaking on plain paper as per specified format	✓	—	—
C	**Indemnity and consent - applicable for "Simplified" category**			
9	Notarised indemnity bond indemnifying the RTA / listed entity / AMC as may be applicable. However, in case the claimant submits any court issued documents viz., Succession Certificate or Probate of Will or Letter of Administration or Court Decree, the requirement of submission of Notarised indemnity bond will not be applicable.	—	✓	—
10	Notarised affidavit cum NOC from all* legal heirs, confirming identification and claim of legal ownership to the units and no objection. OR copy of family settlement deed executed by all legal heirs, duly attested by a notary public, gazetted officer, or accepted and approved by a magistrate, judge or civil court. *In case the claimant submits any court issued documents viz., Succession Certificate or Probate of Will or Letter of Administration or Court Decree, the requirement of submission of Affidavit-cum-NOC from non-claimant legal heir(s) will not be applicable.	—	✓	—
D	**Other documents - applicable for "Above Threshold" category**			
11	Notarised affidavit-cum-NOC from all* legal heirs, confirming identification and claim of legal ownership to the units and no objection. *In case the claimant submits any court issued documents viz., Succession Certificate or Probate of Will or Letter of Administration or Court Decree, the requirement of submission of Affidavit-cum-NOC from non-claimant legal heir(s) shall not be applicable.	—	—	✓

Item	Document required from claimant (duly signed / executed)	QTP	Simplified	Above Threshold
12	Any ONE of the following succession documents: Copy of Will as may be applicable in terms of Indian Succession Act,1925, along with a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the units have to be transmitted, as per the format specified OR Legal Heirship Certificate or its equivalent issued by relevant authority which will mean a revenue authority not below the rank of a Tehsildar or equivalent authority, along with a notarized indemnity bond from the legal heir (s)/claimant(s) to whom the units have to be transmitted, as per specified format; OR Copy of Succession certificate or Letter of Administration or Court Decree.	—	—	✓

Note: The processing entities may, for cases above threshold for simplified documentation, seek additional documents over and above those prescribed by SEBI, if so required.

HSBC Mutual Fund

ANNEXURE-2

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

To:

HSBC Mutual Fund

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

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 *(Refer Annexure – A for the documents list)*		

PART B – TRANSMISSION REQUEST FORM

I, the claimant named hereinabove, hereby inform you about the demise of the above- mentioned unit holder(s) and request you to transmit the units held by the deceased 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

HSBC Mutual Fund

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

From _____

Folio No. _____

Stamp & Signature

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

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 MF unit holdings in his/her name as sole/single holder:

S. No.	Scheme Name	Folio No.	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./Mrs. _____ [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	**Self-attested** copy of Verifiable Death Certificate of the deceased holder	☐	
3	Original Statement of Account (if applicable).	☐	
4	If claimant is a minor – Copy of Birth Certificate or School leaving certificate/Passport or Aadhaar (where the date of birth is available) – **Attested by the Guardian** (Natural or Legal).	☐	
5	KYC of Guardian (if claimant is a minor or of unsound mind).	☐	
6	Relationship Proof (where claimant is spouse, child, parent or parent-in-law) or Affidavit as per Annexure- B.	☐	
7	Nomination Form or Nomination Opt-Out form	☐	
8	FATCA-CRS Declaration in a prescribed format, wherever applicable	☐	
9	Signature of the Nominee/Claimant shall be attested only by a Notary Public or a Judicial Magistrate First Class (JMFC) in lieu of banker's attestation (applicable only for transmission of units held in SOA)	☐	

PART D – OTHER INFORMATION ABOUT CLAIMANT (APPLICABLE ONLY FOR TRANSMISSION OF UNITS HELD IN SOA)

☐ 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. (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

Overseas address *(Mandatory of NRI)*

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

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

Please attach & tick ✓ any one of the following to validate your bank details :

☐ 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.

FATCA and CRS details

Country of Birth: _____ Place of Birth: _____

Nationality _____

Are you a tax resident of any country other than India? ☐ Yes ☐ 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

Additional KYC details Holder no. 1 (Please tick ✓)

Occupation Details

☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional
☐ Agriculturist ☐ Retired ☐ Home Maker ☐ Student ☐ Forex Dealer
☐ Others *Please specify* _____

The claimant is ☐ Politically Exposed Person ☐ Related to a Politically Exposed Person ☐ Neither (not applicable)

Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs - 1 crore ☐ >1 crore

Nomination@ (Please ✓ one of the options below)

☐ I/We **DO NOT** wish to make a nomination. *(Mandatory to tick ✓ if you do not wish to nominate anyone)*

☐ I/We wish to make a nomination and I/We do hereby nominate the person more particularly described hereunder to receive the Units held my/our folio in the event of my/our death *(Fill the separate nomination form)*.

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.

If the claimant affixes thumb impression, the thumb impression should be notarised by notary public. Incase of medical reason additionally enclose doctor's certificate.

Signature/Thumb impression of Claimant ✗

Place _____

Date _____

Signed before me

At : _____

On : _____

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	☐ Permanent Account Number
☐ School leaving certificate	☐ Will
☐ School records/service records	☐ Legal Heirship Certificate
☐ Passport	☐ Court Decree
☐ Marriage Certificate	☐ Letter of Administration
☐ Ration Card	☐ Succession Certificate
☐ Voter ID	☐ Probate of Will *(where available)*
☐ Aadhar	
***In case none of the above documents are available, a notarized Affidavit in the format given in Annexure-B.**	

HSBC Mutual Fund

Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination

Applicable for Individual Unitholders only (effective from September 1, 2026). Please read the instructions carefully before filling up this Form.

This nomination shall supersede any prior nomination made by the investor(s), if any.

Date : D D M M Y Y Y Y

Fresh Nomination – All unit holders need to sign (irrespective of mode of holding).	**Change of Existing Nomination / Cancellation of Nomination**
☐ Fresh Nomination	☐ Change of Existing Nomination ☐ Cancellation of Nomination

Folio No.(s) (having same mode of holding and pattern)	
1.	**2.**
3.	**4.**
Investor Name (Mr./Ms.) _____	

	Nomination can be made upto 3 nominees in the account.	**Mandatory Details**		
		1st Nominee	**2nd Nominee**	**3rd Nominee**
1	I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. **This nomination shall supersede any prior nomination made by us/me if any.**			
	Name of the Nominee (Mr./Ms.)			
	Relationship with the Applicant *(select one)*	☐ Spouse ☐ Father ☐ Mother ☐ Son ☐ Daughter ☐ Others *(Pls specify)* _____	☐ Spouse ☐ Father ☐ Mother ☐ Son ☐ Daughter ☐ Others *(Pls specify)* _____	☐ Spouse ☐ Father ☐ Mother ☐ Son ☐ Daughter ☐ Others *(Pls specify)* _____
	Date of Birth *(to be provided in case the nominee is a minor)*	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
2	I want the following nomination details to be printed in the account/holding statements (tick one of the boxes below): ☐ Name of the Nominee(s) ☐ Whether nomination given: Yes/No (not name of the nominee)			
3	**Optional Details of Nomination**			
	% Share of each nominee** *(equal share if % not specified)*	%	%	%
	Mobile No. of Nominee(s) / Guardian* **			
		(Please note that the DP/MF RTA will be able to reach out to your nominee if you provide the contact details)		
	Email ID of Nominee / Guardian* **			
		(Please note that the DP/MF RTA will be able to reach out to your nominee if you provide the contact details)		
	Nominee / Guardian of Minor Nominee Personal identifier document [Please tick any one of the following and provide ID Number and no copies required].	☐ PAN ☐ Aadhaar (masked – only last 4 digits visible) x x x x x x x ☐ Passport (for NRIs/OCIs/PIOs) ☐ Driving License	☐ PAN ☐ Aadhaar (masked – only last 4 digits visible) x x x x x x x ☐ Passport (for NRIs/OCIs/PIOs) ☐ Driving License	☐ PAN ☐ Aadhaar (masked – only last 4 digits visible) x x x x x x x ☐ Passport (for NRIs/OCIs/PIOs) ☐ Driving License
	Address of Nominee(s)/ Guardian in case of Minor	☐ Same as First Applicant City _____ Pin code _____ State _____ Country _____	☐ Same as First Applicant City _____ Pin code _____ State _____ Country _____	☐ Same as First Applicant City _____ Pin code _____ State _____ Country _____
	Name of the Guardian *(in case Nominee is Minor)*			
	Guardian's Relationship with Nominee	☐ Father ☐ Mother ☐ Legal Guardian	☐ Father ☐ Mother ☐ Legal Guardian	☐ Father ☐ Mother ☐ Legal Guardian

** Any odd lot after division shall be transferred to the first nominee mentioned in the form.
*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

HSBC Mutual Fund

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Request submitted for: ☐ **Fresh Nomination** ☐ **Change of Existing Nomination** ☐ **Cancellation of Nomination**

From _____

Folio No. _____

ISC Stamp & Signature

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

4 Signature(s)

I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.

Name of the Holder		Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	**Name**	**Signature/Thumb^ Impression**
	Witness 1 Name & Address: _____	**Witness 1 Signature:**
	Witness 2 Name & Address: _____	**Witness 2 Signature:**
Second Holder (Mr./Ms.)	**Name**	**Signature/Thumb^ Impression**
	Witness 1 Name & Address: _____	**Witness 1 Signature:**
	Witness 2 Name & Address: _____	**Witness 2 Signature:**
Third Holder (Mr./Ms.)	**Name**	**Signature/Thumb^ Impression**
	Witness 1 Name & Address: _____	**Witness 1 Signature:**
	Witness 2 Name & Address: _____	**Witness 2 Signature:**

^ *Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.*

Notes:

- Investor have the right to receive acknowledgement of the nomination form for each instance of nomination/subsequent change. The consent of all the joint-holders shall be required for providing or changing nominee regardless of mode of holding.
- In case of multiple nominees, upon the demise of the investor, the nominees may either continue in the same account/folio or open separate account/folio, for their respective holding.
- wet signature (signature of witness shall not be required). However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses (name and address) shall be duly provided in this form.
- **If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.**

INSTRUCTIONS

1. For all single holding accounts/folios investor shall mandatorily provide nomination, unless declaration form for 'opt-out' is submitted.
2. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly. Nomination will be optional for jointly held demat account/folios.
3. You can make nomination or change nominee any number of times without any restriction. The consent of all the joint-holders shall be required for providing or changing nominee regardless of mode of holding.
4. You are entitled to receive an acknowledgement from the AMC/DP for each instance of providing or changing nomination.
5. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
6. Nomination is not allowed in a folio where Minor is the unitholder.
7. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
8. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
9. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
10. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
11. The investors shall have an option to submit the nomination either online or offline.
12. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation/claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned/transferred to the first nominee mentioned in the form.
13. In case of multiple nominees, upon the demise of the investor, the nominees may either continue in the same account/folio or open separate account/folio, for their respective holding.
14. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
15. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio/account.
16. Nomination shall stand rescinded upon the transfer of units.
17. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/Mutual Fund/Trustees against the legal heir(s).
18. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
19. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
20. Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account/folio.
- In case all your nominees do not claim the assets from the AMC/DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC/DP.
- **Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

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

VSTS Common Aug.'26

ANNEXURE –B: DRAFT OF THE 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 mutual fund units:

S. No.	Scheme Name	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.

Place: _____ **Date:** _____	**Signature of the Deponent:** ✕

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 abovementioned units of the deceased.

Signature of the Deponent:	✕
Solemnly affirmed at	

Signed before me Signature of Notary with Official Seal of Notary & Regn. No.	✕

* *strikeout whichever is not applicable*.