

## Transmission Request Form for Change of Karta upon demise of the registered Karta

To:  
The Trustees,

Date : \_\_\_\_\_

\_\_\_\_\_ Mutual Fund

<b>Name of the HUF:</b>
<b>Name of the new Karta:</b> Mr./Ms.
PAN of the new Karta <input type="text"/>   <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:

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

**Contact Details of the new Karta**

Mobile No. +91 _____	Land Line No. _____
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: _____	State _____	PIN <input type="text"/>

**Bank Account Details of the HUF**

Bank Name _____	
Account No. _____	11-digit IFSC <input type="text"/>
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current	9-digit MICR No. <input type="text"/>
Name of bank branch _____	
City _____	PIN <input type="text"/>
<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 &amp; Banker's Certification of the bank account details and signature of the new Karta as per Annexure I.</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 I A
- 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 & Account-holder's signature**

(where aggregate value of investment under all folios is up to ₹2 lakhs)

{To be issued on the Bank's Letter Head

OR

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

Date: DD / MM / YYYY

**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	
A/C type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> NRNR <input type="checkbox"/> Others (Pl. specify)	
9-Digit MICR No.	11-Digit IFSC

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

City	PIN	State

**Signature Verification by Bankers**



Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records		Signature of the client
Signature of the bank official with Bank's Seal		
<b>Name* of the attesting Bank Official</b>		
<b>Designation*</b>		
<b>Employee Code*</b>		
<b>Telephone Number*</b>		

\* Mandatory



**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.		
2.		

Signed before me

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Y

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Signature of Notary with Official Seal of Notary