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

To:	Date :		
The Trustees,	Trustees,		
Mutual Fund			
Name of the HUF:			
Name of the new Karta: Mr./Ms.			
Name of the new Karta: Mr./Ms.			
PAN of the new Karta ☐ KYC Acknowledgment attached ☐ 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			
Scheme Name	Folio No.	No. of Units	
1.			
2.			
3.			
4.			
Contact Details of the new Karta		.1	
Mobile No.+91 Land Line No. with STD	code		
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		
Bank Account Details of the HUF			
Bank Name			
Account No.	11-digit IFSC		
A/c. Type (\checkmark) \square SB \square Current	9-digit MICR No.		
Name of bank branch			
City			
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 also request you to pay the UNCLAIMED amounts, <i>if any</i> , in respect of the HUF by direct credit to the bank account mentioned above.			
I undertake to keep Mutual Fund / its AMC/RTA			
• I undertake to keep Mutual Fund / its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTAs.			
• • •	Mutual Fun	d and its	
• I hereby authorize Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the			
Mutual Fund's Bankers or my Distributor / Investment Advisor and to such other service providers as may be			
necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize			
the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any			
obligation of informing me/us of the same.			
I hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.			
Name the new Karta Signature			
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Documents Attached	V	
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□ 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 1		
☐ KYC Acknowledgment OR ☐ KYC Form of the new Karta		
☐ 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 IV.		
☐ Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta		