Form T5

Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

To: Date : _____

The Trustees,
_____ Mutual Fund

Name of the Claimant: Mr./Ms.
Name of the Guardian ← *in case the claimant is a minor* → Date of Birth of the minor* | | / | | / | | | | Mr./Ms. _____ Relationship with Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian*
PAN (Claimant/Guardian): | | | | | | | | | | ☐ KYC Acknowledgment attached ☐ KYC form attached
Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐NRI ☐ PIO ☐ Others (please specify)
Name of the HUF:
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ _____ expired on _____. ☐ As there are no other surviving coparcener except myself, the above HUF stands dissolved OR ☐ The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree. *(Please tick✓ whichever is applicable)*

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim@
1)			
2)			
3)			
4)			

@ as per Deed of Settlement / Partition of HUF /Decree of the competent court

Contact Details of the claimant

Mobile No. +91 Land Line No.
Email Address

Address *(Please note that the address of the claimant 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 claimant

Bank Name	
Account No.	11-digit IFSC
A/c. Type (✓) ☐SB ☐Current ☐NRO ☐NRE ☐FCNR	9-digit MICR No.
Name of bank branch	
City	PIN | | | | | |

Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1

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

Additional KYC information (Please tick✓ whichever is applicable)

Occupation ☐ Private Sector Service ☐Public Sector Service ☐Government Service ☐Business ☐Professional ☐Agriculturist ☐Retired ☐Home Maker ☐ Student ☐Forex Dealer ☐ Others _____ (Please specify)
The Claimant is ☐ a 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-1crore ☐ >1 crore

FATCA and CRS information

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

Nomination@ (Please ✓ one of the options below)

☐ I **DO NOT** wish to make a nomination. *(Please tick ✓if you do not wish to nominate anyone)*
☐ I wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** to receive the Units held my/our folio in the event of my / our death.

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration and Signature of the Claimant

I have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner*.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

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.

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.

Place_____ Date	Signature of Claimant
Signed before me At: _____ On : _____ Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.	

Note: *This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹2 lakhs*

Documents Attached

☐ Copy of Death Certificate of the deceased Kata ☐ Copy of Birth Certificate (in case the Claimant is a minor)
☐ Copy of PAN Card of Claimant / Guardian ☐ KYC Acknowledgment OR ☐KYC form of Claimant
☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook
☐ Nomination Form duly completed
☐ Annexure-I - Bank Attestation of Signature & bank account (*if the value of the Units being transmitted is upto ₹2 lakhs)*
☐ Bond of Indemnity signed by surviving coparceners as per Annexure VI.
Notarised copy of ☐ Deed of Settlement ☐ Deed of Partition of HUF ☐ Decree of the competent court