

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:
The Trustees,
NJ Mutual Fund

Date : _____

Name of the Claimant: Mr./Ms. _____	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* <input type="text"/> / <input type="text"/> / <input type="text"/>
Mr./Ms. _____	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian): <input type="text"/>	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> 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 _____.	
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR <input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree. (Please tick <input checked="" type="checkbox"/> whichever is applicable)	

Therefore I hereby request you to transmit the Units held by the HUF in the following schemes & 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 _____	
The above Contact details belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian of Minor	

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 <input type="text"/>

Bank Account Details of the claimant

Bank Name _____	
Account No. _____	11-digit IFSC <input type="text"/>
A/c. Type Please tick <input checked="" type="checkbox"/> <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No. <input type="text"/>
Name of bank branch _____	
City _____ PIN <input type="text"/>	

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 claimant as per Form Annexure 1(a)

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 <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)	
The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Nomination@ (Please ✓ one of the options below)

<input type="checkbox"/> I DO NOT wish to make a nomination. <i>(Please tick ✓ if the claimant does not wish to nominate anyone)</i>
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s specified in the separate Nomination form attached herewith to receive the Units held my/our folio in the event of my death.

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 NJ Mutual Fund / NJAMC/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 NJAMC / RTA

I hereby authorize NJ Mutual Fund and NJAMC/ RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to NJ 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 NJ Mutual Fund & NJAMC/ RTA to provide/ share any of the information provided by me/us including my holdings in NJ 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 _____	Signature of Claimant
Date _____	
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 ₹5lakhs*

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
- Annexure-I(a) - Bank Attestation of Signature & bank account *(if the value of the Units being transmitted is upto ₹5 lakhs)*
- Bond of Indemnity signed by the Claimant in Annexure VI.
- Nomination Form duly signed by the Claimant
- Notarised copy of Deed of Settlement Deed of Partition of HUF Decree of the competent court