Transmission to New Karta/Claimant

LIC MUTUAL FUND

(On death of HUF Karta or on Dissolution of HUF)

Please tick (✓) the boxes wherever applicable and fill in the details legibly.

To **Date:** D D M M Y Y Y Y

Fund Name:

Address:

City: **Pincode:**

Part A Claimant and Deceased Holder information

Folio No.	
Deceased HUF Karta Name:	
HUF (where Karta expired) PAN / PEKRN	
Claimant Name	
Claimant (Guardian) PAN / PEKRN	

Part B Transmission request Form

I, the surviving co-parcener of abovenamed HUF / claimant, 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 or claimant as HUF is dissolved. 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 or transmit the units in my favour as HUF is dissolved and no surviving co-parcener(s) in respect of the investments of the HUF in the following schemes / folios:

Sr. No.	Name of Mutual Fund Scheme / Company	Folio No. / Client ID / DP ID / Certificate No.	No. of Securities / Units / Shares Held	Certificate Number (for physical shares / securities)	Distinctive Numbers (if applicable)
1				NA	From: NA To: NA
2				NA	From: NA To: NA
3				NA	From: NA To: NA

Part C Other information about New Karta/claimant

☐ **KYC Acknowledgment attached** ☐ **KYC form attached**

Tax Status: ☐ **Resident Individual** ☐ **Resident Minor (through Guardian)** ☐ **NRI** ☐ **PIO / OCI** ☐ **Others (please specify)** _____

Contact details of the Nominee / Legal Heir / Claimant

Mobile No. **Tel. No. STD -**

Email Address:

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** **Pincode**

Bank Account Details of the Claimant

Bank Name:

Account No. **IFSC Code:**

Account Type: ☐ **SB** ☐ **Current** ☐ **NRO** ☐ **NRE** ☐ **FCNR** **MICR No.**

Name of bank and branch:

City **Pincode**

Please attach & tick(✓) ☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook

I 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.

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.

⊗

SIGN HERE

New Karta / Claimant Signature

Place: _____ **Date:** D D M M Y Y Y Y

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.

Signed before me,

_____

Signature of Notary With Official Seal of Notary & Registration No.

*strikeout whichever is not applicable.

Corporate Office:
Industrial Assurance Building, 4th Floor, Opp. Churchgate Station, Mumbai - 400020.
Tel.: 022-66016000 | Fax: 022-66016191 | Email ID: service@licmf.com
Website: www.licmf.com | Toll Free: 1800-258-5678

Register & Transfer Agents:
KFin Technologies Limited, Karvy Selenium Tower B, Plot Nos. 31 & 32 | Financial District Nanakramguda |Serilingampally Mandal | Hyderabad - 500032 .
Tel.: 040-44677131-40 | Fax: 040-22388705 | Email ID: service_licmf@kfintech.com
Website: www.kfintech.com