Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

Form T3

Tο

Name of the Claimant Mr./Ms	TO:					
Mr.Ms	The Trustees Mutual I	Fund				
Name of the Guardian	Name of the Claimant					
Mr./Ms Relationship with Minor:	1					
Relationship with Minor: Father Mother Court Appointed Guardian* PAN (Claimant/Guardian):		of Birth of the minor*	.	/	/	
PAN (Claimanu/Guardian):		opointed Guardian*				-
Please attach relevant proof		-	ached	□ KYC fo	orm attached	
Please attach relevant proof	Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardi	an) □NRI □ PIC		Others (plea	ise specify)	
The claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and request you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as — Nominee Legal Heir Successor to the Estate of the deceased Administrator of the Estate of the deceased Name of the deceased Unitholder(s) Date of demise*		,				
Nomine Legal Heir Successor to the Estate of the deceased Administrator of the Estate of the deceased Name of the deceased Unitholder(s) Date of demise*	* *	e of the below mention	oned u	nitholder(s) and request	t
Name of the deceased Unitholder(s)						
DD / MM / YYYY		ed □Administrator	of the			
2)	· · ·					
**Please attach certified copy of Death Certificate. Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested Scheme Name	<u>'</u>					
**Please attach certified copy of Death Certificate. Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested Scheme Name	2)			DD / MM	I / YYYY	
Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested Scheme Name	3)			DD / MM	I / YYYY	
Scheme Name Folio No. No. of Units % of Claim® 1) 2) 3 4 @As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable. Contact details of the Claimant Mobile No. +91 Tel. No. STD - Email Address Address (Please note that address will be updated as per Nominee's 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 DNRO DNRE FCNR 9-digit MICR No. Name of bank branch City PIN 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. 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)	*Please attach certified copy of Death Certificate.					
1) 2) 3) 4) @As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable. Contact details of the Claimant Mobile No.+91	Scheme(s) & Folio(s) in respect of which Transmission of Units is be	ing requested				
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### @As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable. Contact details of the Claimant	2)					
@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable. Contact details of the Claimant Mobile No.+91	3)					
Contact details of the Claimant Mobile No.+91	4)					
Contact details of the Claimant Mobile No.+91	@As per Nomination OR as per the Will/Probate/Succession Certificate/	Court order, if appl	icable			
Tel. No. STD -		, , ,				
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□Agriculturist □Retired □Home Maker □ Student □Forex Dealer □ Others (Please specify)		Normant Carrier 5		2000 DD	fossions1	
-			⊒DUS11			
The Claimant is □ a Politically Exposed Person □ Related to a Politically Exposed Person □ Neither (Not applicable)						

Gross Annual Income (₹) □Below 1 Lac

 \square 1-5 Lacs \square 5-10 Lacs \square 10-25 Lacs \square 25 Lacs-1crore \square >1 crore

Country of Birth		Place of Birth	
NT 11-		Place of Birtil	
Nationality Are you a tax resident of any co	ountry other than India	□Yes □No	
	countries in which you are	e resident for tax purpos	es and the associated Taxpayer
Country	Tax-Payer Identi	fication Number	Identification Type
Nomination [@] (Please \checkmark one of t	he options below)		
☐ I/We DO NOT wish to ma		tick √if you do not wis	h to nominate anyone)
☐ I/We wish to make a nomin Nomination Form to rece			articularly described in the attached y / our death.
@ Guardian of a minor is not al	llowed to make a nomina	tion on behalf of the min	nor
of a maner is ner a.		non on centus, of me min	
Declaration and Signature of the latest three structures of the structure		nents as indicated in the	attached <i>Ready Reckoner</i> .
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☐ Annexure – IV - NOC from other Legal Heirs