REQUEST FOR TRANSMISSION OF UNITS (Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

To:		Date:	
The	Trustees,	d	
۵·			
Sirs,			
Sr.#		$\frac{\text{fon of name(s) of the } 2^{\text{nd}} / 3^{\text{rd}} \text{ I}}{ }$	
	Scheme Name	Folio No	No. of Units
2			
3			
4			
/We,	the surviving Unit holder/s in the above schem	nes/folios regret to inform you the der	mise of the following joint holder(s
	e dates mentioned below –		Date of demise*
Name(s) of the Deceased Unitholder(s) 2.Mr./Ms.		DD / MM / YYYY	
3.Mr./Ms. A certified copy of his/her/their Death Certificate/s is/are attached herewith.			DD/MM/YYYY
Sank Nomi	xisting bank account details registered in the ab Mandate Form. nation (Please \checkmark one of the options below) (We DO NOT wish to make a nomination. (Please We wish to continue the existing nomination of the continue that the details are the continue to make a fresh nomination and here the continuation form to receive the Units held my	made by me/us in the above folios preby nominate the person/s more partic	inate anyone) eviously. cularly described in the attached
		your rollo in the event of my our de	aui.
Name	e & Signature of the surviving Unit holder/s Name	PAN	Signature
1.			×
2.			
* Plea	ase tick (✓) whichever is applicable.		
☐ Co	chments: opy of Death Certificate of the deceased unithol esh Bank Mandate Form along with Cancel omination Form duly completed		