

SOLE HOLDER / ALL JOINT HOLDERS DECEASED & NO NOMINATION REGISTERED

TRANSMISSION DOCUMENTS MATRIX – READY RECKONER

S. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
1.	Prescribed Transmission Request Form	✓ Form T1	✓ Form T2	✓ Form T3	✓ Form T3	✓ Form T4	✓ Form T5
2.	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer or photocopy self-attested by the nominee(s)/ claimant(s)/ legal heir(s) subject to verification with original by AMC branches.	✓	✓	✓	✓	✓	✓
3.	Copy of Birth Certificate (in case the claimant is a minor)	NA	NA	✓	✓	NA	✓
4.	Self-attested copy of PAN of the claimant/ new Karta/ Guardian	✓*	✓*	✓	✓	✓	✓
5.	KYC of the Claimant/ New Karta / Guardian (in case of nominee /claimant being a minor /of unsound mind).	✓**	✓**	✓	✓	✓	✓
6.	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement/ Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager.	✓	✓	✓	✓	✓	✓
7.	Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I where Transmission value upto ₹500,000	NA	NA	✓	✓	NA	✓
8.	Bank's letter certifying /attesting the signature and details of new Karta in the bank account of the HUF as per Annexure- 1a	NA	NA	NA	NA	✓	NA
9.	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class (in the space provided in TRF) if the Transmission value in more than ₹500,000	NA	NA	✓	✓	NA	✓
10.	ID proof [PAN/Redacted Aadhaar/Voter ID /Passport or any other valid Officially Valid Document (OVD) as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and Original Seen and verified (OSV) seal attested by them.	✓	✓	✓	✓	✓	✓

*If PAN not submitted previously

**If not KYC compliant

SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(i)	Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) - Duly notarised #	NA	NA	NA	✓	NA	NA
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - Duly Notarised	NA	NA	NA	✓	NA	NA
(iii)	For Transmission value upto ₹ 500,000:						
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	NA	NA	NA	✓	NA	NA
	NOC from other Legal Heirs (Annexure – IV)	NA	NA	NA	✓	NA	NA
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	NA	NA	NA		✓	
	<i>Note: If the value at PAN level is upto ₹5 lakh, a notarized indemnity bond from the legal heir(s) /claimant(s) to whom the securities are to be transmitted, in the specified format is required. However, No Objection certificate from all non-claimants shall be required only where there are multiple beneficiaries as per the Registered Will, but all of them have renounced their claim and have no objection to the applicant (claimant) making the claim for transmission of Units. In such cases, the PAN/any OVD of such other legal heirs may also be obtained along with the NOC duly attested by a notary public or by a gazetted officer as per the specified format.</i>						

SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(iv)	Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:						
	a) Notarised copy of the Probated or Registered Will. In case of Registered Will, the same shall be accompanied with a notarised Indemnity bond from the claimant (i.e., appropriate beneficiary of the Will) OR b) Legal Heirship Certificate or its equivalent, along with – 1) a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are transmitted, as per the format specified provided; and 2) No Objection Certificate from all the non- claimants (remaining legal heirs), duly attested by a notary public or by a gazetted officer as per the format provided.	NA	NA	NA	✓	NA	NA
	Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :						
	a) Notarised copy of Probated Will; OR b) Succession Certificate issued by a competent court, OR c) Letter of Administration or court decree, in case of Intestate Succession. <i>Note: In the above three scenarios, Indemnity Bond as mentioned at point no (i) is not required.</i>	NA	NA	NA	✓	NA	NA
	For change of Karta of HUF or Dissolution of HUF						
(v)	Indemnity bond signed by all co-parceners including the new Karta (Annexure V)	NA	NA	NA	NA	✓	NA
(vi)	Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/partitioned after demise of the Karta (Annexure VI)	NA	NA	NA	NA	NA	✓
	<i>Note:</i> <i>Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition.</i> <i>In case of no surviving co-parceners and the transmission value is more than ₹500,000 or where there is an objection from any surviving members of the HUF.</i>						

Request for Transmission of Units by Nominee or Legal Heir
(For Transmission of Units on death of the Sole holder/all Joint Holders)

Date:

D	D	M	M	Y	Y	Y	Y
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To:

HSBC Mutual Fund

Sirs,

Name of the Claimant : Mr./Ms.											
Name of the Guardian ← in case the claimant is a minor →	Date of Birth of the minor* <table border="1" style="display: inline-table;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
Mr./Ms. _____											
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*											
PAN (Claimant/Guardian): <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<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) _____											

**Please attach relevant proof*

I, 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

S.No.	Name(s) of the Deceased Unitholder(s)	Id. Proof attached**	Date of demise**
1	Mr./Ms.		D D / M M / Y Y Y Y
2	Mr./Ms.		D D / M M / Y Y Y Y
3	Mr./Ms.		D D / M M / Y Y Y Y

** Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport / Voter Id. (any one)

** ID proof [PAN/Redacted Aadhaar/Voter ID/Passport or any other valid Officially Valid Document (OVD) as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and Original Seen and verified (OSV) seal attested by them.

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

S.No.	Scheme Name	Folio No.	No. of units	% of Claim®
1				
2				
3				
4				
5				

®As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

Contact details of the Claimant

Mobile No. + 9 1 <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Tel. (Res./Office) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																					
Email Address: _____ <i>Email ID to be filled in CAPITAL LETTERS</i>																					
E-mail belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																					

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 <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Overseas Address (Mandatory in case of NRI Claimant in addition to mailing address) (Should be same as in KRA records.)

Address Line 1								
Address Line 2								
City	Country	Zip Code <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Bank Account Details of the Claimant

Bank Name	
Account No. : <input type="text"/>	IFSC Code (11 Digit): <input type="text"/>
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	MICR Code (9 Digit): <input type="text"/>
Name of bank branch	
City: <input type="text"/>	Pin <input type="text"/>

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 Details <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 (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >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	Identification Type

Nomination@ (Please ✓ one of the options below)	
<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Mandatory to tick ✓ if the claimant does not wish to nominate anyone)	
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described hereunder to receive the Units held my/our folio in the event of my/our death (Fill the separate nomination form).	

Declaration and Signature of Claimant/s

- 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 HSBC 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 HSBC 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 ₹5 lakhs

Documents Attached:

- ☐ Copy of Death Certificate of the deceased unitholder
- ☐ Officially Valid Document (OVD) of the deceased unitholder
- ☐ Copy of Birth Certificate (in case the Claimant is a minor)
- ☐ Copy of PAN Card of Claimant/Guardian
- ☐ KYC Acknowledgment
- ☐ Cancelled cheque with claimant's name printed
- ☐ Annexure-I - Bank Attestation of signature & bank A/c.
- ☐ Annexure-II - Bond of Indemnity furnished by Legal Heirs
- ☐ Annexure-III - Affidavits of EACH Legal Heir
- ☐ Annexure – IV - NOC from other Legal Heirs
- ☐ Annexure-IV - Indemnity from coparceners for change of Karta

OR

☐ KYC form of Claimant

☐ Claimant's Bank Statement/Passbook

Applicable for Individual Unitholders only (effective from June 1, 2025 to August 31, 2025).
Please read the instructions carefully before filling up this Form.

☐ Fresh Nomination ☐ Change of Existing Nomination ☐ Cancellation of Nomination

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Folio No.(s) (having same mode of holding and pattern)	
1.	2.
3.	4.
Investor Name (Mr./Ms.) _____	

Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. This nomination shall supersede any prior nomination made by us/me if any.			
Nomination can be made upto three nominees in the account.	Mandatory information		
	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee (Mr./Ms.)			
Share of each Nominee#	%	%	%
Date of Birth (for Minor)			
Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____
Nominee/Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
Address of Nominee(s)/ Guardian in case of Minor	City _____ Pin code _____ State _____ Country _____	City _____ Pin code _____ State _____ Country _____	City _____ Pin code _____ State _____ Country _____
Mobile No. of Nominee(s) / Guardian in case of Minor			
Email ID of Nominee(s)/ Guardian in case of Minor			
Name of the Guardian (in case Nominee is Minor)			
Guardian's Relationship with Nominee (non mandatory)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/ us by the AMC/DP as follows; (please tick, as appropriate)			
<input type="checkbox"/> Name of Nominee(s) with % <input type="checkbox"/> Nomination: Yes/No (Default)			
This nomination shall supersede any prior nomination made by the account holder(s), if any.			

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Request submitted for: ☐ Fresh Nomination ☐ Change of Existing Nomination ☐ Cancellation of Nomination

From _____

Folio No. _____

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

SIGNATURE(S) – As per Mode of Holding in Demat Accounts / MF Folio(s)		
I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.		
Name of the Holder		Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	Name	Signature/Thumb[^] Impression
	Witness 1 Name & Address: _____	Witness 1 Signature: _____
	Witness 2 Name & Address: _____	Witness 2 Signature: _____
Second Holder (Mr./Ms.)	Name	Signature/Thumb[^] Impression
	Witness 1 Name & Address: _____	Witness 1 Signature: _____
	Witness 2 Name & Address: _____	Witness 2 Signature: _____
Third Holder (Mr./Ms.)	Name	Signature/Thumb[^] Impression
	Witness 1 Name & Address: _____	Witness 1 Signature: _____
	Witness 2 Name & Address: _____	Witness 2 Signature: _____

[^] Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.

Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

INSTRUCTIONS

- If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
- The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio where Minor is the unitholder.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
 - 'First holder Folios / Accounts – only First Holder can sign.
 - 'Jointly' Folios / Accounts - both holders have to sign
- A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation/claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
- In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
- Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- Nomination shall stand rescinded upon the transfer of units.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court
- Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	–	40%	60%	100%

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

(where aggregate value of investment under all folios is up to ₹ 5 lakhs)

(To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below)

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr./Ms. _____
is a customer of our bank, namely, _____ Name of the Bank _____,
_____ branch having
the following Bank Account:

Account number : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____																					
MICR Code (9 Digit) : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										IFSC Code (11 Digit) : <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											

His/her address, as per our Bank records, is as follows:

City	State	PIN <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
PAN as per Bank records <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

**Signature Verification by Bankers
(Manager and above)**

Signature of the above customer
in the box alongside, verified &
validated with his/her specimen
signature as per Bank's records

X	Signature of the client
----------	-------------------------

X	Signature of the bank official with Bank's Seal
----------	---

Name* of the attesting Bank Official	
Designation* (Manager and above)	Manager and above
Employee Code*	
Telephone Number*	

* Mandatory

BANK ATTESTATION OF ACCOUNT DETAILS & SIGNATURE OF THE NEW KARTA OF THE HUF
{To be issued on the Bank's Letter Head
OR
This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

Date:

D	D	M	M	Y	Y	Y	Y
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that, _____ Name of the HUF _____ **HUF**

has the below-mentioned the Bank Account with our bank, namely, _____ Name of the Bank & Branch _____

_____ branch

Account number : <table border="1" style="display: inline-table; width: 200px; height: 20px;"></table>	
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Others (Pl. specify) _____	
MICR Code (9 Digit) : <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	IFSC Code (11 Digit) : <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>

As per our Bank records, Mr./Ms. , _____ Name of the Karta _____ ,

is the registered Karta of the abovenamed HUF and the address of the said HUF is as follows:

City	Pin	State

Signature Verification by Bankers
Signature of the abovenamed customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records

X	Signature of the registered Karta
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Signature of the bank official with Bank's Seal

X	
---	--

Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* Mandatory

Bond of Indemnity to be furnished jointly by all Legal Heirs including the Claimant
(To be submitted on Non-judicial Stamp Paper of appropriate value)

**[For Transmission of Units without production of Legal Representation on death of Sole Unit Holder
or all Unit Holders in case of Joint Holding, where no nomination has been registered]**
(where aggregate value of investment under all folios is up to ₹5 lakhs)

I/We do hereby solemnly affirm and state on oath as follows:

That Mr./Ms. _____ Name of the deceased unit holder was holding the Units in following schemes/folios :

S.No.	Scheme Name	Folio No.	No. of units held
1			
2			
3			
4			

That the aforesaid unit holder died testate*/intestate* on _____, and without registering any nomination, leaving behind him/her the following persons as the only surviving legal heirs according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death.

S.No.	Name of the legal heir/s	Address	PAN	Age	Relationship with the Deceased
1					
2					
3					
4					

Therefore, I/We, the deponent/s herein has/have, approached _____ Mutual Fund with a request to transfer the aforesaid Units in the name of the undersigned Mr./Ms. _____

_____, #, on my/our behalf, without insisting on production of a Probated will, or a Succession Certificate or an order of a competent court, for which we execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said Mutual Fund units to the name of the undersigned Mr./Ms. _____

_____, #, I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, the aforesaid Mutual Fund and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned Mr./Ms. _____

_____, #, without insisting on production of a Probated will or a Succession Certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF the said Mr./Ms. _____

_____, #, have hereunto set their respective hands

and seals this day of _____

Signed and delivered by the said legal heir/s :

S.No.	Name the Legal Heirs	Signature of the Legal Heirs
1.		X
2.		X
3.		X

(*) = Name of the deceased unit holder

(#) = Name of the claimant/s

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the _____ Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the claimant herein and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

S.No.	Sureties Name & Address (Mandatory)	PAN	Signature of the Surety
1.			X
2.			X

Signed before me

at : _____

on : _____

X _____
Signature of Notary/JMFC

Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.:

Note: *This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary*

Individual Affidavit to be given by EACH Legal Heir
(For Transmission of Units on death of Sole Unit Holder/all Unit Holders in case of joint holding,
where **NO NOMINATION** has been registered)

Each Deponent (legal heir) shall sign separate Affidavits.

I _____ #
son/ daughter of _____
residing at _____
do hereby solemnly affirm and state on oath as follows.

That Mr./Mrs. _____ @ ("the deceased
Unitholder") held the following units in _____ Mutual Fund in his/her name as single holder/joint holder:

S.No.	Scheme Name	Folio No.	No. of units held
1			
2			
3			

Please ✓ any of the following (as applicable)

- ☐ That the aforesaid deceased Unitholder(s) died leaving behind him/her, the following persons as the only surviving heirs.
- ☐ That the aforesaid deceased Unitholder(s) died *testate*/intestate** leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate*/Legal Heirship Certificate* dated _____/according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. *
- ☐ That the aforesaid deceased Unitholder died testate, leaving behind him/her, the following persons as the legatees as per Probated Will dated _____ and without registering any nominee. *

A notarised copy of the Succession Certificate*/Legal Heirship Certificate*/Probated Will is attached herewith.

S. No.	Name of the Legal Heir	Address	PAN	Age	Relationship with the Deceased
1					
2					
3					

* *strikeout whichever is not applicable* # = Name of the legal heir @ = Name of the deceased unit holder \$ Name of the Guardian

That among the aforesaid legal heirs, Master/Kum. _____ aged _____ years is a minor and is being represented by Mr./Ms. _____ \$ being his/her father/mother/legal guardian.

I also indemnify the _____ Mutual Fund and its AMC and authorized Registrar through a separate Indemnity letter with third party Sureties.

Signature of the Deponent:	X
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VERIFICATION

I hereby solemnly affirm and state that what is stated herein above is true and correct. The original Death Certificate or original attested copy of the death certificate and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the abovementioned mutual fund units of the deceased.

Solemnly affirmed at

X

Signature of the Deponent

Signed before me at

Place : _____

Date : _____

X

Signature of Notary with Official Seal of Notary& Regn. No.

[To be submitted in non-judicial stamp paper as per the value prescribed by the respective State]

No-Objection Certificate from the Legal Heir(s)
Format of NOC from other Legal Heir(s) for Transmission of Units in favour of the Claimant
wherein the Sole Holder or all the Joint Holders in the folio(s) are deceased
WITHOUT REGISTERING ANY NOMINATION

DECLARATION

I/We, the legal heir(s) of late Mr./Ms. _____ (Name of the deceased Unit Holder) declare as follows –

- (i) That the abovenamed deceased Unitholder was holding Units in the following Schemes/ folios of _____ Mutual Fund in his/her name as single holder/joint holder:

S.No.	Scheme Name	Folio No.	No. of units held
1.			
2.			
3.			

- (ii) That the deceased has died intestate on _____ and without registering any Nomination.

- (iii) That I/we are the legal heir(s) of the deceased unit holder, apart from the claimant, Mr./Ms. _____, who has applied for transmission of the aforesaid Units.

Sl. No.	Name of the Legal Heirs	Address	PAN	Age	Relationship with the deceased
1.					
2.					
3.					

- (iv) I/we hereby declare that, I/we do not desire to make any claim in respect of the title to the aforesaid Units held by the deceased and I/we hereby willfully relinquish & renounce all my /our rights in respect of the aforesaid Units and shall have no legal claim upon said Units in future.

- (v) Accordingly, I/we declare that I/we have **no objection whatsoever to** _____ Mutual Fund transmitting the aforesaid Units in favour of Mr./Ms. _____.

- (vi) I/we hereby state that whatever is stated herein above are true to the best of my/our knowledge.

Deponent's Signature/s	1.	2.	3.
	X	X	X

VERIFICATION

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mutual fund units.

Solemnly affirmed at _____

Deponent(s) :

1. _____
 2. _____
 3. _____

Signed before me at

Place : _____

Date : _____

X

Signature of Notary with Official Seal of Notary

STAMP DUTY CHARGES FOR VARIOUS STATES IN INDIA
As on October 15, 2024

S. No.	Name of the State	Indemnity Bond (IB) for Transmission	Affidavit (A) for Transmission
1	Gujrat	300	50
2	Karnataka	500	100
3	West Bengal	50	10
4	Tamil Nadu	80	20
5	Maharashtra #	500	500
6	Delhi	100	10
7	Rajasthan	200	50
8	Uttar Pradesh	100	10
9	Telangana	5	5
10	Kerala	500	50
11	Punjab & Haryana	5	15
12	Madhya Pradesh	1000	50
13	Jammu & Kashmir	500	10
14	Andhra Pradesh	5	5
15	Chhattisgarh	250	5

states not part of the above list to follow Maharashtra stamp value .