Request for Transmission of Units by Surviving Joint Holder/s
(Where the 1st Holder is Deceased)

SHRIRAM Mutual Fund
GOALS ANEK, MUTUAL FUND EK

To:

Date: mmm, dd, yyyy

<Company Name>/<Fund Name>/RTA Name/DP>
<Address>
<City> - <Pincode

Part A – Claimant and Deceased Holder information

DP ID / Client ID / Folio No.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN / PEKRN (Mention only number)	

Dear Sir/Madam,
I/We, the joint holder(s) in the above referred folio(s), hereby inform you about the demise of the 1st holder in the above specified folios viz. _____

S. No.	Folio No.	Scheme Name	Units Held

I/ we, the surviving Unitholder/s therefore request you to transmit the Units in the abovementioned folios in my/our name/s in the following order:

Name of the unit holder	PAN	Tax Status
Mr./Ms.		☐Resident ☐ NRI ☐ OCI/PIO
Mr./Ms.		☐Resident ☐ NRI ☐ OCI/PIO

I/We also request you to pay the UNCLAIMED amounts*, if any*, in respect of the deceased unitholder to the aforesaid new Holder no.1, named at sr.no. 1 above, by direct credit to the bank account mentioned hereinbelow.

Contact details of new 1st unit holder

Mobile No. | | | | | | | | | |	Tel. No. STD -
Email Address	
Above mobile belongs to: ☐Self ☐Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter	
Above email belongs to: ☐Self ☐Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter	

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	PIN | | | | | |

Bank Account Details of the of new 1st unit holder

Bank Name	
Account No.	|11-digit IFSC | | | | | | | | | | |
A/c. Type (✓) ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR	| 9-digit MICR No.| | | | | | | | |
Name of bank and branch	
City	PIN | | | | | |

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

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 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.

Signature of new unit holder(s)

Name	Signature
1st Unit Holder	
Joint Holder1	
Place	Date

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.