Form 2 - Request for Transmission of Units by Surviving Joint Holder/s (Where the 1st Holder is Deceased)

TATA mutual fund

Date : D D / M M / Y Y Y Y

To:

< <Fund Name>/RTA Name>

<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.

Sr. 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)

Name		
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.

Signed before me

Signature of Notary with Official Seal of Notary & Regn. No.
* strikeout whichever is not applicable.