

Form T1

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

Го:		Da	te:
The Trustees,  Mutual Fund			
Sirs,			
, 113,	Request for deletion (	of name(s) of the 2 <sup>nd</sup> / 3 <sup>rd</sup> Hole	der
r.#	Scheme Name	Folio No	No. of Units
1			
2			
3			
4			
	the surviving Unit holder/s in the above schemes/fo dates mentioned below –	olios regret to inform you the demise	e of the following joint holder
Name(s) of the Deceased Unitholder(s)			Date of demise*
2.Mr./Ms.			DD / MM / YYYY
3.Mr./Ms.			DD / MM / YYYY
A certified copy of his/her/their Death Certificate/s is/are attached herewith.			DD / IVIIVI / I I I I
ank lomin	Assisting bank account details registered in the above Mandate Form.  Ination (Please \(  \) one of the options below)  We DO NOT wish to make a nomination. (Please  We wish to continue the existing nomination made  We wish to make a fresh nomination and hereby n	tick $\sqrt{if}$ you do not wish to nominate by me/us in the above folios previous	te anyone) ously.
	Nomination Form to receive the Units held my/our		•
Vame	& Signature of the surviving Unit holder/s Name	PAN	Signature
	Name	IIII	Dignature
1.			
2.			
k Plea	se tick (✓) whichever is applicable.		
A ttoo	hments:		

☐ KYC of the surviving unit holder(s), *if not already complied earlier*.