



Transmission Request Form for settlement of claim by surviving members of a HUF which is dissolved upon demise of the registered Karta / where there are no surviving co-parceners.

1st Floor, Apeejay House, 3 Dinshaw Vachha Road, Backbay Reclamation, Churchgate, Mumbai - 400 020
www.QuantumAMC.com

Form T5

To:
The Trustees,

Date:

D	D	M	M	Y	Y	Y	Y
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_____ Mutual Fund

Name of the Claimant Mr./Ms. _____									
Name of the Guardian (in case the claimant is a minor) Mr./Ms. _____	Date of Birth of the minor* <table border="1"><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		
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*									
PAN (Claimant/Guardian): _____	<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									
Name of the HUF: _____									
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on <table border="1"><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		
<input type="checkbox"/> As there are no other surviving coparcener except myself, the above HUF stands dissolved OR <input type="checkbox"/> The surviving members of the HUF have decided to dissolve / partition the HUF as per attached Settlement Deed / Partition Deed / Court Decree. (Please tick✓ whichever is applicable)									

Therefore I hereby request you to transmit the Units held by the HUF in the following schemes & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim@
1)			
2)			
3)			
4)			

@ as per Deed of Settlement / Partition of HUF / Decree of the competent court

Contact details of the Claimant

Mobile No. +91 _____	Land Line No. _____
Email Address _____	

Address (Please note that your address will be updated as per your address on KYC form / KYC Registration Agency records)

Address Line 1 _____		
Address Line 2 _____		
City: _____	State: _____	PIN _____

Bank Account Details of the Claimant

Bank Name _____	
Account No. _____	11-digit IFSC _____
A/c. Type Please tick✓ <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No. _____
Name of bank branch _____	
City _____	PIN _____

Please attach a cancelled cheque (with name of the claimant pre-printed) OR Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1

I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF if any, 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
The claimant is <input type="checkbox"/> 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"/> P1-5 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 you do not wish to nominate anyone)					
<input type="checkbox"/> I/We wish to make a nomination and I / We do hereby nominate the person more particularly described hereunder to receive the Units held my/our folio in the event of my / our death.					
Nominee Name	Guardian Name	PAN of Nominee/ Guardian	Date of Birth of Nominee*	Allocation (%)	Signature of Nominee/Guardian
Nominee 1					
Nominee 2					
Nominee 2					

@ Guardian of a minor cannot make a nomination

(* in case the Nominee is a Minor)

Declaration and Signature of the Claimant

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 _____ 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 _____ 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_____	Signature of Claimant								
Date <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		
Signed before me									
At:_____	Signature of Notary / JMFC								
On : <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	Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.
D	D	M	M	Y	Y	Y	Y		

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
- ☐ Copy of Birth Certificate (in case the Claimant is a minor)
- ☐ Copy of PAN Card of Claimant / Guardian
- ☐ KYC Acknowledgment OR ☐ KYC form of Claimant
- ☐ Cancelled cheque with claimant's name printed OR ☐ Claimant's Bank Statement/Passbook
- ☐ Annexure-I - Bank Attestation of signature & bank A/c. (if the value of the Units being transmitted is more than ₹5 lakhs)
- ☐ Bond of Indemnity signed by surviving coparceners as per Annexure V.
- Notarised copy of ☐ Deed of Settlement ☐ Deed of Partition of HUF ☐ Decree of the competent court


Form T5 - AMFI BPG - Updated Guidelines on Transmission of Units - Jan. 2024


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Information
About Us?**

 **Website** : www.QuantumAMC.com

 **Email** : CustomerCare@QuantumAMC.com

 **SMS** : <QUANTUM> to 9243-22-3863

 **Toll Free Helpline** : 1800-22-3863 / 1800-209-3863

 **Missed Call Facility** : 022 6829 3807