



# Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

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

Form T3

To:  
The Trustees,

Date:

Mutual Fund

<b>Name of the Claimant</b> Mr./Ms. _____	
Name of the Guardian (in case the claimant is a minor) Mr./Ms. _____	Date of Birth of the minor* <input type="text"/>
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 (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

Name of the deceased Unitholder(s)	Id. Proof attached**	Date of demise**
1.		<input type="text"/>
2.		<input type="text"/>
3.		<input type="text"/>

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

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

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

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

## Contact details of the Claimant

Mobile No. +91 _____	Tel. 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 <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 & 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 details Holder no.1 (Please tick✓ whichever is applicable)**

Occupation <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 details**

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 <b>DO NOT</b> 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 3					

@ 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: _____									
Date: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of Claimant
D	D	M	M	Y	Y	Y	Y		
<b>Signed before me</b>									
At : _____									
On : <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signature of Notary / JMFC 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**

- |   |  |
|---|--|
| <input type="checkbox"/> Copy of Death Certificate of the deceased unitholder<br><input type="checkbox"/> Copy of PAN Card of Claimant/Guardian<br><input type="checkbox"/> Cancelled cheque with claimant's name printed OR<br><input type="checkbox"/> Annexure-I - Bank Attestation of signature & bank A/c.<br><input type="checkbox"/> Annexure-III - Affidavits of EACH Legal Heir<br><input type="checkbox"/> Annexure-IV - Indemnity from coparceners for change of Karta | <input type="checkbox"/> Copy of Birth Certificate (in case the Claimant is a minor)<br><input type="checkbox"/> KYC Acknowledgment OR <input type="checkbox"/> KYC form of Claimant<br><input type="checkbox"/> Claimant's Bank Statement/Passbook<br><input type="checkbox"/> Annexure-II - Bond of Indemnity furnished by Legal Heirs<br><input type="checkbox"/> Annexure - IV - NOC from other Legal Heirs<br><input type="checkbox"/> Copy of PAN card or OVD of the deceased unitholder |
|---|--|

## Want To Have The Latest Information About Us?

<b>Website</b> : <a href="http://www.QuantumAMC.com" style="color: white;">www.QuantumAMC.com</a>	<b>Toll Free Helpline</b> : 1800-22-3863 / 1800-209-3863
<b>Email</b> : <a href="mailto:CustomerCare@QuantumAMC.com" style="color: white;">CustomerCare@QuantumAMC.com</a>	<b>Missed Call Facility</b> : 022 6829 3807
<b>SMS</b> : <QUANTUM> to 9243-22-3863	