



Request for Transmission of Units by Surviving Joint Holder/s

(Where the 1st Holder is Deceased)

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

Form T2

To:
The Trustees,

Date:

----- Mutual Fund

Sirs,

I/We, the joint holder/s in the below mentioned Schemes/ folios hereby inform you that the 1st Holder in the said folios, viz.,

Mr./Ms.----- expired on

A certified copy of his/her (i) Death Certificate and (ii) PAN / Aadhaar / Passport/ Voter Id. (any one) is attached herewith.

Sr.#	Scheme Name	Folio No	No. of Units
1.			
2.			
3.			
4.			
5.			

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:

UH	Name of the Unitholder	PAN	Tax Status
1.	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2.	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> 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 Holder no.1

Mobile No. +91		Land Line No.	
Email Address			
The above Contact details belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Guardian of Minor			

Address of Holder no.1 (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 Holder no.1

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	State	PIN
Please attach & tick(✓)any one of the following to validate your bank details :		
<input type="checkbox"/> Cancelled cheque with claimant's name & account pre-printed <input type="checkbox"/> Bank Statement/Passbook having claimant's name		
<input type="checkbox"/> Certification of the bank account details - on bank's letterhead or in Form Annexure 1.		

Additional KYC details Holder no.1 (Please tick✓)

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 <i>Please specify</i> _____
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 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 (in case Nominee is a Minor)	PAN of Nominee/ Guardian (in case Nominee is a Minor)	Date of Birth of Minor	Allocation (%)	Signature of Nominee/Guardian (in case Nominee is Minor)
Nominee 1					
Nominee 2					
Nominee 3					

Declaration and Signature of Claimant/s

- I / We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I /we undertake to keep the 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 / We hereby authorize _____ Mutual Fund & its AMC/RTA to share/discard 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 any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same

Signature of the new Holder no.1	Signature of the new Holder no.2
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Attachments:

- Copy of Death Certificate of the deceased unitholder
- Copy of PAN Card of Claimant
- Cancelled cheque of the new first unit holder with name pre-printed **OR**
 Statement/Passbook of the new first unit holder **OR**
 Bank Attestation of Signature & bank account details of the Claimant as per Annexure-1
- KYC of the surviving unit holder(s), **if not already complied earlier.**

Form T2 - AMFI BPG - Updated Guidelines on Transmission of Units - Jan. 2024

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