

**TRANSMISSION REQUEST FORM FOR CHANGE OF KARTA  
UPON DEMISE OF THE REGISTERED KARTA**

**IDBI Asset Management Limited**

CIN: U65100MH2010PLC199319

Corporate Office: 4th Floor, IDBI Tower, WTC Complex,

Cuffe parade Colaba, Mumbai - 400 005. ● Tel: 022-66442800

● Fax: 022-66442801 ● Email ID: contactus@idbimutual.co.in

● Website: www.idbimutual.co.in ● Toll Free: 1800-22-4324

To: \_\_\_\_\_

Date: \_\_\_\_\_

The Trustees,

IDBI Mutual Fund

<b>Name of the HUF:</b> _____										
<b>Name of the new Karta:</b> Mr./Ms. _____										
PAN of the new Karta									<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached	

I, the surviving co-parcener of abovenamed HUF, hereby inform you that, Mr. \_\_\_\_\_, the Karta of the above HUF who was managing the affairs of the HUF, expired on \_\_\_\_\_ and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records in respect of the investments of the HUF in the following schemes / folios:

Scheme Name	Folio No.	No. of Units
1.		
2.		
3.		
4.		

**Contact Details of the new Karta**

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

**Address of HUF** *(Please note that the address of the HUF will be updated as per address on KYC form / KYC Registration Agency records)*

Address Line 1										
Address Line 2										
City:				State:			PIN			

**Bank Account Details of the HUF**

Bank Name:										
Account No.						11-digit IFSC				
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current					9-digit MICR No.					
Name of bank branch:										
City:							PIN			
<i>Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank Statement/Passbook of the HUF to validate your bank details &amp; Banker's Certification of the bank account details and signature of the new Karta as per Annexure 1.</i>										

I also request you to pay the UNCLAIMED amounts, *if any*, in respect of the HUF by direct credit to the bank account mentioned above.

I hereby state that whatever is stated herein above are true to the best of my/our knowledge & belief.

Name the new Karta	Signature
	X

**Documents Attached**

- Copy of Death Certificate of the deceased Karta
- Cancelled cheque with HUF name pre-printed OR  Bank Statement/Passbook of the HUF
- Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1A
- KYC Acknowledgment OR  KYC Form of the HUF *(if the HUF is not KYC compliant)*
- Bond of Indemnity signed by all surviving coparceners *(including the new Karta)* as per Annexure V.
- Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta