



**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

**FORM T5**

**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.**

To:

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

The Trustees,

IDBI Mutual Fund

<b>Name of the Claimant:</b> Mr./Ms.			
Name of the Guardian <i>←in case the claimant is a minor→</i>		Date of Birth of the minor*	
Mr./Ms _____		____ / ____ / ____	
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)			
<b>Name of the HUF:</b>			
I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. _____ expired on _____.			
<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.			
<i>(Please tick✓ whichever is applicable)</i>			

I therefore request you to transmit the Units held by the HUF in the following schemes/folios & proportion in my favour:

Scheme Name	Folio No.	No. of Units	% of Claim <sup>®</sup>
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 the address of the claimant 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 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 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)

<b>Occupation:</b> <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"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)
<b>Gross Annual Income (₹)</b> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25Lacs <input type="checkbox"/> 25 Lacs-1 crore <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:												
<table border="1"> <thead> <tr> <th>Country</th> <th>Tax-Payer Identification Number</th> <th>Identification Type</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Country	Tax-Payer Identification Number	Identification Type									
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**Nomination**<sup>@</sup> (Please ✓ one of the options below)

<input type="checkbox"/> I <b>DO NOT</b> wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held my/our folio in the event of my / our death.

@ Guardian of a minor is not allowed to make a nomination on behalf of the 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 IDBI 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 IDBI 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 IDBI 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 _____	Signature of Claimant
<b>Signed before me</b>	
At: _____ On: _____	Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.

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 ₹2 lakhs

**Documents Attached**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy of Death Certificate of the deceased unitholder  | <input type="checkbox"/> Copy of Birth Certificate (in case the Claimant is a minor)         |
| <input type="checkbox"/> Copy of PAN Card of Claimant/Guardian   | <input type="checkbox"/> KYC Acknowledgment OR <input type="checkbox"/> KYC form of Claimant |
| <input type="checkbox"/> Cancelled cheque with claimant's name printed OR  | <input type="checkbox"/> Claimant's Bank Statement/Passbook                                  |
| <input type="checkbox"/> Nomination Form duly completed  |  |
| <input type="checkbox"/> Annexure-I - Bank Attestation of Signature & bank a/c. (if the value of the Units being transmitted is upto ₹2 lakhs) |  |
| <input type="checkbox"/> Bond of Indemnity signed by surviving coparceners as per Annexure VI.   |  |
- Notarised copy of  Deed of Settlement  Deed of Partition of HUF  Decree of the competent court