

COMMON TRANSMISSION REQUEST FORM

Deceased Unitholder's / Karta's Name: _____ **Folio No.** _____

CLAIMANT'S DETAILS

I/We the undersigned, hereby request ICICI Prudential Mutual Fund to delete the name of unitholder(s) on account of sad demise and transmit the units to me/us.

Claim made by | Joint Holder Registered Nominee Legal Heir New Karta Other (Please specify) _____

Claim made for | _____ Amount/Units | Valuation of Units | Less than 10 lakhs 10 lakhs and above

Claimant's Name | _____ Date of Birth | _____

Father's/Spouse's/Guardian's Name _____ Relationship with Minor | Natural Guardian Legal Guardian

PAN/PEKRN | _____ KYC ID (KIN) | _____ AADHAAR | _____

TAX STATUS

Resident Individual NRI On behalf of Minor HUF Other (Please specify) _____

CONTACT DETAILS

Mobile No. | _____ Phone (Residence/Office) | _____ Email | _____

Correspondence Address (Please provide full address)

Overseas Address (Mandatory for NRIs)

BANK DETAILS

Account Number _____ **Account Type:** Savings Current NRE NRO FCNR

Bank Name & Branch _____

Branch City _____ **9 digit MICR Code** _____ **11 digit IFSC** _____

FATCA & CRS DETAILS

Place of Birth _____ Country of Birth _____

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? YES NO [Please tick (✓) any] **If "NO" proceed for the signature of declaration**

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen Resident / Green Card Holder / Tax Resident in the respective countries

Country of Tax Residency	Tax Identification Number or Function Equivalent	Identification Type (TIN or other please specify)	If TIN is not available please tick the reason
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)

Reason C Others, please state the reason thereof: _____

KYC DETAILS

Occupation Private Sector Service Public Sector Service Government Business Professional Agriculturist Retired
 Housewife Student Forex Dealer Others (Please specify) _____

Gross Annual Income Below 1 lakh 1-5 lakhs 5-10 lakhs 10-25 lakhs >25 lakhs >1 crore

Others I am Politically Exposed Person (PEP) I am Related to Politically Exposed Person (PEP) Not Applicable

NOMINATION DETAILS – I/We wish to nominate YES NO [Please Tick (✓) - Advisable to avail nomination facility]

Nominee Name & Address	Relationship with Nominee	PAN	Date of Birth	Guardian Name & Address	Signature of Nominee / Guardian	Proportion (%)
						100%

To register multiple nominees please fill separate Multiple Nomination Form

DECLARATION & SIGNATURE(S):

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114H, as part of the Income-tax Rules, 1962. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby confirm that I/we have not been offered/ communicated any indicative portfolio and/or any indicative yield for this investment.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected." I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on tollfree no. 1800 222 999 (MTNL/BSNL) or 1800 200 6666 (Others).

**SIGN
HERE**

Names: _____

ACKNOWLEDGMENT SLIP

We acknowledge the receipt of the request for Transmission of Units from Claimant(s)

Mr. / Ms. _____ Folio No. _____

Date & Stamp

DOCUMENTS ENCLOSED (Please tick where relevant documents are enclosed):

I/We hereby submit the following documents:-

Sr. No.	Documents	Tick (✓)
1	Death Certificate (<input type="checkbox"/> Original <input type="checkbox"/> Notarized Copy <input type="checkbox"/> Embassy Attested <input type="checkbox"/> Attested by Gazetted Officer or Bank Manager)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	New Bank mandate proof (<input type="checkbox"/> Cancelled Original Cheque with A/c No. & Name pre-printed <input type="checkbox"/> Latest Bank Statement/Passbook Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Copy of KYC acknowledgment or KYC Identification No (KIN) (if already not available)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Relationship Proof (<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Ration Card <input type="checkbox"/> Marriage Certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	New KYC of Claimant/Guardian/New Karta/KYC of HUF (if already not available)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Date of Birth Proof (<input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport <input type="checkbox"/> Driving License <input type="checkbox"/> Birth Certificate)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Indemnity Bond signed by all legal heirs confirming the claimant/s (Annexure -III)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Individual Affidavit from all Legal heir/s (Annexure -IV)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Indemnity Bond signed by all surviving coparceners and New Karta (Annexure - V)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Notarized copy of Probated Will	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Notarized copy of Legal Heir /Succession /Claimant Certificate / Letter of Administration (in case of intestate succession)	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Notarized copy of Settlement Deed /Dissolution Deed/ Deed of Partition	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Appropriate order from the Court / Court Decree.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Any other documents submitted [Please specify] _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

READY RECKONER FOR TRANSMISSION DOCUMENTS

Sr. No.	DOCUMENTS	Transmission to surviving joint holders	Demise of Sole/All Unitholders		Demise of HUF Karta
			Nominee(s) Registered	No Nominees	
1	Letter from claimant/new Karta to the Fund / AMC / RTA requesting for transmission of units/ Change of Karta	✓	✓	✓	✓
2	Death Certificate in original or photocopy duly notarized or attested by gazetted officer / bank manager	✓	✓	✓	✓
3	Bank Account Details of the new first unit holder along with attestation by a bank branch manager (Annexure – I) OR Original cancelled cheque bearing the account details and account holders name.	✓	✓	✓	✓
	Duly certified Bank certificate stating that the signature and details of new Karta have been appended in the bank account of the HUF				
4	KYC of the claimant /new Karta and KYC of HUF, if not already available.	✓	✓	✓	✓
5	FATCA/CRS of the claimant/new Karta, if not already available.	✓	✓	✓	✓
6	Indemnity bond signed by all legal heir/s confirming the claimant/s (Annexure III)			✓	
7	Individual Affidavit from all the legal heir/s (Annexure IV)			✓	
8	(A) Transmission value less than Rs 10 lakh* - any appropriate document evidencing relationship of the claimant/s with the deceased unitholder/s			✓	
	(B) Transmission value Rs 10 lakh *or more - Any one of the documents mentioned below				
	(i) Notarised copy of Probated Will, OR				
	(ii) Legal Heir Certificate or Succession Certificate or Claimant's Certificate issued by a competent court, OR				
	(iii) Letter of Administration, in case of Intestate Succession.				
9	Indemnity bond signed by all the surviving coparceners and new Karta (Annexure –V)				✓
10	In case of no surviving co-parceners AND the transmission amount is Rs 5Lakh or more OR where there is an objection from any surviving members of the HUF, transmission should be effected only on the basis of any of the following mandatory documents:				✓
	a) Notarized copy of Settlement Deed, or				
	b) Notarized copy of Deed of Partition, or				
	c) Notarized copy of Decree of the relevant competent Court				

* The value of the investment of the deceased unitholder(s) in all folios across all the schemes of the fund

In case the claimant/s procures any of the documents mentioned under point no 8 (B) then indemnity bonds & individual affidavit/s from legal heir/s as mentioned above would not be required, irrespective of the value of the investments.

FOR OFFICE USE (Mandatory to be filled by Branch Executive)

Sr. No.	MANDATORY CHECKS FOR DOCUMENTS RECEIVED	Tick (✓)
1	Balance units are available in folio	
2	The claimant's name in the documents provided should match with the Folio	
3	Name of the deceased unit holder in the Death Certificate should match with the Folio	
4	Translation copy should be provided in English for all the documents provided in vernacular language(s)	
5	Death Certificate should be in Original/Photo Copy duly Notarized or Attested by Gazetted Officer/Bank Manager	
6	Indian Embassy attestation should be available (in case of Death Certificate issued outside India)	
7	KYC status should be registered or under process - Hold and Rejection is not acceptable	
8	Sureties details, name and signature should be available in the Indemnity Bond	

Name & Employee Code: _____

Date & Signature: _____

Seal of the Branch



1800 222 999 / 1800 200 6666 (Toll Free)



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www.icicpruamc.com