

## **TRANSMISSION DOCUMENTS MATRIX - READY RECKONER**

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders 2nd or 3rd Holder deceased	Transmission to Surviving Holders 1st Holder deceased	Sole Holder / All Joint holders deceased & Nomination has been registered	Sole Holder / All Joint holders deceased & NO Nomination registered	Karta of HUF deceased New Karta Appointed	Karta of HUF deceased HUF Dissolved
1	Prescribed Transmission Request Form	✓ Form T1	✓ Form T2	✓ Form T3	✓ Form T3	✓ Form T4	✓ Form T5
2	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer.or photocopy self-attested by the nominee(s) / claimant(s) / legal heir(s) subject to verification with original by AMC branches.	~	~	✓	✓	~	~
3	Copy of Birth Certificate (in case the claimant is a minor)	N.A.	N.A.	✓	√	N.A.	$\checkmark$
4	Self-attested copy of PAN of the claimant/ new Karta/ Guardian	√*	√*	~	$\checkmark$	~	~
4	KYC of the Claimant / New Karta / Guardian (in case of nominee /claimant being a minor / of unsound mind).	<b>√</b> **	√**	$\checkmark$	√	~	$\checkmark$
5	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager.	~	~	√	$\checkmark$	~	~
6	Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I(a) where Transmission value upto ₹500,000	N.A.	~	✓	~	N.A.	~
7	Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure-1(b)	N.A.	N.A.	N.A.	N.A.	~	N.A.
8	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class (in the space provided in TRF) if the Transmission value is more than ₹500,000	N.A.	N.A.	~	$\checkmark$	N.A.	~

\*If PAN not submitted previously \*\*If not KYC compliant

## SUPPORTING LEGAL DOCUMENTS

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased &	Sole Holder / All Joint holders deceased & NO	Karta of HUF deceased	Karta of HUF deceased						
		2nd or 3rd Holder deceased	1st Holder deceased	Nomination has been registered	Nomination registered	New Karta Appointed	HUF Dissolved						
(i)	Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) -Duly notarised #	N.A.	N.A.	N.A.	√	N.A.	N.A.						
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - Duly Notarised	N.A.	N.A.	N.A.	✓	N.A.	N.A.						
(iii)	For Transmission value upto ₹500,000:												
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	N.A.	N.A.	N.A.	√	N.A.	N.A.						
	NOC from other Legal Heirs ( Annexure – IV)	N.A.	N.A.	N.A.	✓	N.A.	N.A.						
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	N.A.	N.A.	N.A.	N.A.	~	N.A.						
	Note: If the value at PAN level is upto ₹5 lakh, a notarized indemnity bond from the legal heir(s) / claimant(s) to whom the securities are to be transmitted, in the specified format is required. However, No Objection certificate from all non-claimants shall be required only where there are multiple beneficiaries as per the Registered Will, but all of them have renounced their claim and have no objection to the applicant (claimant) making the claim for transmission of Units. In such cases, the PAN/any OVD of such other legal heirs may also be obtained along with the NOC duly attested by a notary public or by a gazetted officer as per the specified format.												
(iv)	Where Transmission value is more than ₹ 500,000 but upto ₹10,00,000**:												
	<ul> <li>a) Notarised copy of the Probated or Registered Will. In case of Registered Will, the same shall be accompanied with a notarised Indemnity bond from the claimant (i.e., appropriate beneficiary of the Will)</li> <li>OR</li> </ul>	N.A.	N.A.	N.A.	✓	N.A.	N.A.						
	b) Legal Heirship Certificate or its equivalent, along with –												
	<ol> <li>a notarized indemnity bond as per Annexure II from the legal heir(s) / claimant(s) to whom the securities are transmitted, as per the format specified provided; and</li> </ol>												

## **BAJAJ FINSERV ASSET MANAGEMENT LIMITED**

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased &	Sole Holder / All Joint holders deceased & NO	Karta of HUF deceased	Karta of HUF deceased
		2nd or 3rd1stHolderHolderdeceaseddecease		Nomination has been registered	Nomination registered	New Karta Appointed	HUF Dissolved
	b) Legal Heirship Certificate or its equivalent, along with -						
	<ol> <li>No Objection Certificate as per Annexure IV from all the non-claimants (remaining legal heirs), duly attested by a notary public or by a gazetted officer as per the format provided.</li> </ol>						
	Where transmission value at the PAN-level is more than ₹10 lakhs, any one of the documents mentioned below :	N.A.	N.A.	N.A.	$\checkmark$	N.A.	N.A.
	a) Notarised copy of Probated Will; OR						
	b) Succession Certificate issued by competent court, OR						
	<ul> <li>c) Letter of Administration or court decree, in case of Intestate Succession.</li> </ul>						
	Note: In the above three scenarios, Indemnity Bond as mentioned at point no (i) is not required.						
	For change of Karta of HUF or Dissolution of HUF						
(v)	Indemnity bond signed by all co-parceners including the new Karta (Annexure V)	N.A.	N.A.	N.A.	N.A.	~	N.A.
(vi)	Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/ partitioned after demise of the Karta (Annexure VI)	N.A.	N.A.	N.A.	N.A.	N.A.	~
	Note:						
	Notarized copy of Decree of the relevant competent Court or Deed of Settlement or Deed of Partition.						
	In case of no surviving co-parceners and the transmission value is more than ₹500,000 or where there is an objection from any surviving members of the HUF						

#### Additional documentation required:

ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other OVD as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and OSV seal attested by them.

#### **DOCUMENTS REQUIRED**

#### Transmission of units to the registered Nominee/s in case of death of Sole or All Unitholders:

- i. Transmission Request Form (Form T3) for Transmission of Units in favour of the Nominee(s).
- ii. Death Certificate of the deceased unitholder(s) in original OR photocopy of the death certificate self-attested and attested by a notary public/gazette officer in original Copy of Birth Certificate, in case the Nominee is a minor.
- iii. Self-attested copy of PAN Card of the Nominee(s) / Guardian (in case the Nominee is a minor)
- iv. KYC Acknowledgment OR KYC Form of the Nominee(s) / Guardian (where Nominee is a Minor). Transmission will be completed only once the status of the KYC is "KYC complied". cancelled cheque with the Nominee's name pre-printed OR copy of the Nominee's recent Bank Statement/Passbook (which is not more than 3 months old).
- If the transmission amount is upto ₹ 5 Lakh, Nominee's signature attested by the Bank Manager as per Annexure-I(a). In case the Nominee is a minor, signature of
  the guardian (as per the bank account of the Minor or the joint account of the minor with the guardian) shall be attested.
- vi. If the transmission amount is for more than ₹ 5 Lakh, as an operational risk mitigation measure, signature of the Nominee shall be attested by a Notary Public or a Judicial Magistrate First Class (JMFC) with seal and date in the space provided for signature attestation in the TRF itself below the signature of the claimant.

#### vii. Additional documentation required:

ID proof [PAN/Redacted Aadhaar/Voter ID / Passport or any other valid OVD as per PMLA guidelines] of the deceased person attested by the claimant(s), duly notarized or originals can be shown at the AMC branches and OSV seal attested by them.

# Request for Transmission of Units by Nominee or Legal HeirForm T3(For Transmission of Units on death of the Sole holder / all Joint Holders)Form T3



## To:

I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as –         □ Nomine       □ Legal Heir       □ Successor to the Estate of the deceased       □ Administrator of the Estate of the dee         Name of the deceased Unitholder(s)       Id. Proof attached**       Date of dem         1)       □ DD / MM / N       DD / MM / N         2)       □ DD / MM / N       DD / MM / N         3)       □ DD / MM / N       DD / MM / N         **Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Addhaar / Passport / Voter Id.       Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested         Scheme Name       Folio No.       No. of Units       % of Units         1)       1       1       1       1         2)       1       1       1       1         2)       1       1       1       1       1         3)       1       1       1       1       1       1         2)       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	The Trustees					
Mr.Ms. Name of the Guardian	Mu	tual Fun	d			
Name of the Guardian ← in case the claimant is a minor → Date of Birth of the minor*       / / / / / / / / / / / / / / / / / / /						
Mr./Ms       Relationship with Minor: □ Father □ Mother □ Court Appointed Guardian*         PAN (Claimant/Guardian): □ □ □ □ □ KYC Acknowledgment attached □ KYC form a Tax Status: □ Resident Individual □ Resident Minor (through Guardian) □ NR □ PIO □ Others (please gree Please attach relevant proof         It the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as - □       □         I Nominee □ Legal Heir □ Successor to the Estate of the deceased □ Administrator of the Estate of the deceased 1 0 DD / MM / 20         3)       DD / MM / 20         4)       DD / MM / 20         2)       DD / MM / 20         3)       DD / MM / 20         4)       DD / MM / 20         4)       DD / MM / 20         6As per Nomination OR as per the Will/Probate/Succession Certificate Court order, if applicable.						
Relationship with Minor:          Father         Mother         Court Appointed Guardian*         KYC form a         Tax Status:         Resident Individual         Resident Minor (through Guardian)         NRI         PIO         Others (please apper Please attack relevant proof         Vecase attack relevant proof         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 dem         DD / MM //         DD //         DD //		Date of B	irth of the minor*	¢		
PAN (Claimant/Guardian):       □       □       □       KYC Acknowledgment attached       □       KYC form at         Tax Status:       □ <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
Tax Status:       □ Resident Individual       □ Resident Minor (through Guardian)       □NR       □ PIO       □ Others (please speeplease attach relevant proof         I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and 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         1)       □       □       □       □         2)       □       □       □       □         3)       □       □       □       □         4)       □       □       □       □       □         2)       □	Relationship with Minor:  Father  Mother Co	urt Appo	inted Guardian*			
Please attach relevant proof       Image: Construction of the set of the deceased initial deceases in the deceased initial deceases initialized initinitial deceases initial deceases initialized initialiti	PAN (Claimant/Guardian):	YC Ack	nowledgment atta	ached [	□ KYC fo	orm attached
I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as –         □ Nomine       □ Legal Heir       □ Successor to the Estate of the deceased       □ Administrator of the Estate of the dee         Name of the deceased Unitholder(s)       Id. Proof attached**       Date of dem         1)       □ DD / MM / N       DD / MM / N         2)       □ DD / MM / N       DD / MM / N         3)       □ DD / MM / N       DD / MM / N         **Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Addhaar / Passport / Voter Id.       Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested         Scheme Name       Folio No.       No. of Units       % of Units         1)       1       1       1       1         2)       1       1       1       1         2)       1       1       1       1       1         3)       1       1       1       1       1       1         2)       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	Tax Status: $\Box$ Resident Individual $\Box$ Resident Minor (through C	Guardian)	□NRI □ PIC	$\Box \Box$	thers (plea	se specify)
you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as - Name of the deceased Unitholder(s) Id. Proof attached** Date of dem 1) DJ MM / Y 2) DJ MM / Y 3) DJ MM / Y Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id. Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested Scheme (s) & Folio(s) in respect of which Transmission of Units is being requested Scheme Name Folio No. No. of Units % or 1) DJ MM / Y 2) DJ MM / Y Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id. Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested Scheme Name Folio No. No. of Units % or 1) DJ M / Y 2) DJ MM / Y 2) DJ MM / Y Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id. Scheme Name Folio No. No. of Units % or 1) DJ M / Y 2) DJ MM / Y 2) DJ MM / Y 2) DJ MM / Y Please attach certified copy of (i) Death Certificate Court of as PAN / Aadhaar / Passport/ Voter Id. 3) DJ M / Y 4) DJ M / Y 2) DJ M / Y 2) DJ MM / Y 2) DJ M	*Please attach relevant proof					
□ 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 dem         1)       □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					itholder(s	) and request
Name of the deceased Unitholder(s)       Id. Proof attached**       Date of dem         1)       DD / NM /Y         2)       DD / NM /Y         3)       DD / NM /Y         Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id.         Scheme(S) & Folio(S) in respect of which Transmission of Units is being requested         Scheme Name       Folio No.       No. of Units % or         1)       III.       III.       III.         2)       III.       III.       III.         3)       III.       III.       III.         4)       III.       III.       III.         2)       III.       III.       III.         3)       III.       III.       III.         4)       III.       III.       III.         2)       III.       III.       III.         Address       III.       III.       III.         Address       IIII.       III.       II			• • •			
1)       DD / MM / Y         2)       DD / MM / Y         3)       DD / MM / Y         Please attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id.         Scheme (s) & Folio(s) in respect of which Transmission of Units is being requested         Scheme Name       Folio No.       No. of Units % or         1)       Image: Scheme Name       Folio No.       No. of Units % or         1)       Image: Scheme Name       Folio No.       No. of Units % or         1)       Image: Scheme Name       Folio No.       No. of Units % or         3)       Image: Scheme Name       Folio No.       No. of Units % or         3)       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         2)       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         4)       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         Contact details of the Claimant       Modress       Image: Scheme Scheme Scheme Name       Image: Scheme Name         Address Line 1       Image: Scheme Scheme Scheme Scheme Scheme Name       Image: Scheme Sc	-	eceased				
2)       DD / MM / A         3)       DD / MM / A         PPlease attach certified copy of (i) Death Certificate and (ii) 1d. proof such as PAN / Aadhaar / Passport/ Voter 1d.         Scheme (s) & Folio(s) in respect of which Transmission of Units is being requested         Scheme Name       Folio No.       No. of Units % of         1)       Image: Scheme Name       Folio No.       No. of Units % of         2)       Image: Scheme Name       Folio No.       No. of Units % of         3)       Image: Scheme Name       Folio No.       No. of Units % of         3)       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         4)       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         4)       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         6As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order. if applicable.       Image: Scheme Name         Contact details of the Claimant       Modress       Image: Scheme Scheme Scheme Scheme Scheme Scheme Name         Address       (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency         Address Line 1       Image: Scheme Sche	()		Id. Proof attac	hed**		
3)       DD / MM / N         PPlease attach certified copy of (i) Death Certificate and (ii) Id. proof such as PAN / Aadhaar / Passport/ Voter Id.         Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested         Scheme Name       Folio No.       No. of Units       % of         1)       Image: Scheme Name       Folio No.       No. of Units       % of         1)       Image: Scheme Name       Folio No.       No. of Units       % of         1)       Image: Scheme Name       Folio No.       No. of Units       % of         2)       Image: Scheme Name       Folio No.       No. of Units       % of         3)       Image: Scheme Name       Folio No.       No. of Units       % of         4)       Image: Scheme Name         44)       Image: Scheme Name       Scheme Name       Image: Scheme Name       Image: Scheme Name       Image: Scheme Name         Contact details of the Claimant       Mobile No.+91       Tel. No. STD -       Image: Scheme Name       Scheme Name         Address       (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency       No.       Scheme Name         Address Line 1       Image: Sche	1)				DD / M	M / YYYY
Please attach certified copy of (i) Death Certificate and (ii) 1d. proof such as PAN / Aadhaar / Passport/ Voter 1d. Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested Scheme Name Folio No. No. of Units % of 1) Folio No. No. of Units % of 2)	2)				DD / M	M / YYYY
Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested   Scheme Name   Scheme Name   I)   2)   3)   4)   4)   6) 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. STD -   Email Address   Address   (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency   Address Line 2   City:   State   PIN   Sank Account No.   Al-digit IFSC   Account No.   11-digit IFSC   Account No.   11-digit MICR No.   No.   Yelf ()   DSB   Current   DNRE   FCNR   9-digit MICR No.   Name of bank branch   City   PIN	3)				DD / M	M / YYYY
Scheme Name       Folio No.       No. of Units       % of         1)       Image: Scheme Name       Folio No.       No. of Units       % of         2)       Image: Scheme Name	*Please attach certified copy of (i) Death Certificate and (ii) Id. pr	oof such	as PAN / Aadhaa	r / Pass	port/ Vot	er Id. (any one
1)	Scheme(s) & Folio(s) in respect of which Transmission of Units	is being	requested			
1)	Scheme Name	Fo	olio No.	No. e	of Units	% of Claim@
3)       4)       a         4)       a       a         a) 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. STD -         Email Address         Address (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency         Address Line 1         Address Line 2         City:       State         SBank Account Details of the Claimant         Bank Name         Account No.       11-digit IFSC         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       2         City       PIN         Places attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passo						
4)	2)					
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@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. STD -   Email Address   Address (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency Address Line 1 Address Line 2 City: State PIN Bank Account Details of the Claimant Bank Name Account No. 11-digit IFSC Vc. Type (✓) SB □Current □NRO □NRE □FCNR 9-digit MICR No. PIN PlN Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passed						
Contact details of the Claimant         Mobile No.+91       Tel. No. STD -         Email Address         Address         Address         (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency         Address Line 1         Address Line 2         City:       State         Bank Account Details of the Claimant         Bank Account Details of the Claimant         Account No.       11-digit IFSC         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       City         PIN       PIN	,	icate/ Co	urt order. if appl	icahle.		
Mobile No.+91       Tel. No. STD -         Email Address       Address         Address       (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency         Address Line 1       State       PIN         Address Line 2       State       PIN         Bank Account Details of the Claimant       State       PIN         Bank Name       11-digit IFSC       Inclusion       Inclusion         Adc. Type (√)       DSB       Current       DNRE       FCNR       9-digit MICR No.       Inclusion         Name of bank branch       PIN       PIN       PIN       PIN       PIN         Please attach & tick√       Cancelled cheque with claimant's name printed OR       Claimant's Bank Statement/Passo						
Email Address         Address       (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency         Address Line 1         Address Line 2         City:       State       PIN         Bank Account Details of the Claimant       3ank Name         Account No.       11-digit IFSC       4/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.       9/digit MICR No.         Name of bank branch       11						
Address       (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency         Address Line 1       Address Line 2         Address Line 2       PIN         Bank Account Details of the Claimant       PIN         Bank Name       11-digit IFSC         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       PIN         City       PIN		STD -				
Address Line 1         Address Line 2         City:       State         Bank Account Details of the Claimant         Bank Name         Account No.         Account No.         A/c. Type (√) □SB □Current □NRO □NRE □FCNR         9-digit MICR No.         Name of bank branch         City         PIN         PIN         PIN         PIN         PIN	Email Address					
Address Line 2       State       PIN         City:       State       PIN         Bank Account Details of the Claimant       Bank Account Details of the Claimant       Bank Name         Bank Name       11-digit IFSC       Image: State Stat	Address (Please note that address will be updated as per Nominee	's address	s on KYC form / K	YC Regi	stration A	gency records)
City:       State       PIN         Bank Account Details of the Claimant       Bank Account Details of the Claimant       State         Bank Name       I1-digit IFSC       I         Account No.       11-digit IFSC       I         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.       I         Name of bank branch       PIN       I         City       PIN       I         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passo	Address Line 1					
City:       State       PIN         Bank Account Details of the Claimant       Bank Account Details of the Claimant       State         Bank Name       I1-digit IFSC       I         Account No.       11-digit IFSC       I         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.       I         Name of bank branch       PIN       I         City       PIN       I         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passo	Address Line 2					
Bank Account Details of the Claimant         Bank Name         Bank Name         Account No.       11-digit IFSC         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       9-digit MICR No.         City       PIN         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passo					PIN	
Bank Name         Account No.       11-digit IFSC         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       9-digit MICR No.         City       PIN         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passe						
Account No.       11-digit IFSC         A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       9-digit MICR No.         City       PIN         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passo						
A/c. Type (√) □SB □Current □NRO □NRE □FCNR       9-digit MICR No.         Name of bank branch       9-digit MICR No.         City       PIN         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passed			I			
Name of bank branch         City         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passion	Account No.		11-digit IFSC			
Pin       PIN         Please attach & tick√ □Cancelled cheque with claimant's name printed OR □ Claimant's Bank Statement/Passe	A/c. Type ( $\checkmark$ ) $\Box$ SB $\Box$ Current $\Box$ NRO $\Box$ NRE $\Box$ FCNR		9-digit MICF	R No.		
Please attach & tick $\checkmark$ $\Box$ Cancelled cheque with claimant's name printed <b>OR</b> $\Box$ Claimant's Bank Statement/Passi	Name of bank branch					
	City				PIN	
	<i>Please attach</i> & tick $\checkmark$ $\Box$ <i>Cancelled cheque with claimant's name</i>	printed C	<b>DR</b> Claimant's	Bank S	statement/	Passbook
also request you to pay the UNCLAIMED amounts, <i>if any</i> , in respect of the deceased unitholder(s) to me by	-	* ·				

<b>Occupation</b> Private Sector Service Public Sector Service Government Service Business Professional												
□Agriculturist □Retired □Home Maker □ Student □Forex Dealer □ Others	(Please specify)											
The Claimant is 🗆 a Politically Exposed Person 🛛 🗆 Related to a Politically Exposed Person 🗖 Neither	(Not applicable)											
Gross Annual Income (₹) □Below 1 Lac □1-5 Lacs □ 5-10 Lacs □10-25 Lacs □ 25 Lacs-1cro	ore $\square >1$ crore											

## BAJAJ FINSERV ASSET MANAGEMENT LIMITED

#### **FATCA and CRS information**

Country of Birth	Place of Birth												
Nationality													
Are you a tax resident of any country other than India?  Yes 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**<sup>(a)</sup> (Please  $\checkmark$  one of the options below)

 $\Box$  I/We **DO NOT** wish to make a nomination. (Mandatory to tick  $\checkmark$  if the claimant does not wish to nominate anyone)

□ I/We wish to make a nomination and hereby nominate the person/s more particularly described hereunder to receive the Units held my/our folio in the event of my / our death.

Nominee's Name	Guardian's Name*	PAN of Nominee/ Guardian*	Date of Birth of Nominee*	% Allocation	Signature of Nominee/Guardian*
Nominee 1					
Nominee 2					
Nominee 3					

(a) 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	Signature of Claimant
	Signed before me
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 nu	assance of a Indicial Magistrate First Class (IMEC) OP a Public Notary if the appreciate value

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**

- Copy of Death Certificate of the deceased unitholder Copy of Birth Certificate (in case the Claimant is a minor) Copy of PAN Card of Claimant / Guardian

  - Cancelled cheque with claimant's name printed OR
- □ KYC Acknowledgment OR □KYC form of Claimant Claimant's Bank Statement/Passbook
- □ Annexure-I Bank Attestation of signature & bank A/c. □Annexure-II Bond of Indemnity furnished by Legal Heirs
- Annexure-III Affidavits of EACH Legal Heir
- □ Annexure IV NOC from other Legal Heirs
- Annexure-IV Indemnity from coparceners for change of Karta 🗆 Copy of PAN card or OVD of the deceased unitholder

**BAJAJ FINSERV ASSET MANAGEMENT LIMITED** 

## **Bank Attestation of Account Details & Account-holder's Signature**

(where aggregate value of investment under all folios is up to **₹5 lakhs**)

{To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

Date: D D / M M / Y Y Y Y

\_\_\_\_ branch

## **TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Mr. / Ms. \_\_\_

is a customer of our bank, namely, \_\_\_\_\_

Name of the bank

#### having the following Bank Account:

Account number

A/C type □Savings □Current □NRO □NRE □NRNR □Others (Pl. specify)

9-Digit MICR No.

11-Digit IFSC

#### His/her address, as per our Bank records, is as follows:

City	PIN	State

#### Signature Verification by Bankers

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records	Signature of the client
	Signature of the bank official with Bank's Seal
Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

\* Mandatory



	CKYC & KRA KYC Form												
Know Your Client Application Form (For Individuals only) (Please fill the form in English and in BLOCK Letters) Fields marked with * are mandatory fields	Application       New         Type*       Update KYC Number*         KYC Type*       Normal (PAN is mandatory)												
1. Identity Details (Please refer instruction A	at the end)												
PAN Please e	nclose a duly attested copy of your PAN Card												
Prefix	First Name Middle Name Last Name												
Name* (same as ID proof)													
Maiden Name (If any*)													
Father/ Spouse Name*													
Mother Name*													
Date of Birth*	Y   Photo												
Gender* M-Male	☐ F-Female ☐ T-Transgender												
Marital Status*	□ Unmarried □ Others												
Citizenship* IN- Indian	Others-Country Country Code												
Residential Status*	I Non Resident Indian												
<ul> <li>Growing National</li> <li>Occupation Type*</li> <li>S-Service</li> <li>Privation Content</li> <li>Prof</li> <li>B-Business</li> </ul>	Signature / Thumb												
2. Proof of Identity (Pol)* (for PAN exempt In	vestor or if PAN card copy not provided) (Please refer instruction C & K at the end)												
(Certified copy of any one of the following Proof of Identity													
A- Passport Number	Passport Expiry Date   D   D   M   Y   Y												
B- Voter ID Card													
D- Driving Licence	Driving Licence Expiry Date												
E- Aadhaar Card F- NREGA Job Card													
Z- Others (any document notified by the central	government)												
3. Proof of Address (PoA)*													
□ 3.1 Current/ Permanent / Overseas Address Deta	ils (Please see instruction D at the end)												
Address													
Line 1*													
Line 2													
Line 3	ip / Post Code* City / Town / Village* City /												
State/UT*	ip / Post Code*       is per Indian Motor Vehicle Act, 1988         Country*       is per ISO 3166												
Address Type* Residential / Business	Residential     Business     Registered Office     Unspecified												
(Certified copy of any one of the following Proof of Add Proof of Address*	•												
Passport Number	Passport Expiry Date												
Uvter ID Card													
Driving Licence	Driving Licence Expiry Date												
Aadhaar Card													
NREGA Job Card													
Others (any document notified by the central go													
□ 3.2 Correspondence / Local Address Details* (Ple	ease see instruction E at the end) ress details (incase of multiple correspondence/local addresses, please fill Annexure A1, Submit relevant documentary proof)												
Line 1*													
Line 2													
Line 3	City / Town / Village*												
District*	ip / Post Code* State / UT Code as per Indian Motor Vehicle Act, 1988												
State/UT*	Country* Country Code as per ISO 3166												

4. Conta	act E	Deta	ils (/	All c	omi	mur	nicat	tior	ıs w	ill b	e se	ent d	on I	pro	vide	ed N	1ob	ile n	o. /	Em	nail-	-ID)	) (P	lea	se	ref	eri	nst	ruc	ctio	n F	at f	the	enc	(৮				
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#### Instructions/Guidelines for filling Individual KYC Application Form

#### **General Instructions:**

- 1. Self-Certification of documents is mandatory.
- 2. KYC number of applicant is mandatory for update/change of KYC details.
- 3. For particular section update, please tick(v) in the box available before the section number and strike off the sections not required to be updated.
- 4. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [I].
- 5. If any proof of identity or address is in a foreign language, then translation into English is required.
- 6. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 7. If correspondence & permanent addresses are different, then proofs for both have to be submitted.
- 8. Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- 10. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 11. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/ Passport of Minor/Birth Certificate must be provided.

#### A. Clarification / Guidelines on filling 'Identity Details' section

- 1. Name: Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity-submitted failing which the application is liable to be rejected.
- 2. Either father's name or spouse's name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

#### B. Clarification/Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

 Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/ insurance number, citizen/personal identification/services code/number, and resident registration number)

#### C. Clarification / Guidelines on filling 'Proof of Identity (Pol]' section, if PAN Card copy is not enclosed/For PAN exempt Investors

- 1. If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
  - 2. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
  - 3. Others Identity card with applicant's photograph issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.
  - 4. Letter issued by a gazetted officer, with a duly attested photograph of the person.

#### D. Clarification / Guidelines on filling 'Proof of Address [PoA] section

- 1. PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- 2. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

#### E. Clarification / Guidelines on filling 'Proof of Address (PoA] - Correspondence / Local Address details' section

- 1. To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- 2. In case of multiple correspondence / local addresses, Please fill 'Annexure A 1'
- 3. Others includes Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill); Bank account or Post Office savings bank account statement; Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India; Identity card with applicant's photograph and address issued by any of the following: Central/ State Government Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council, etc., to their Members; and Credit cards/Debit cards issued by Banks.

#### F. Clarification / Guidelines on filling 'Contact details' section

- 1. Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- 2. Do not add '0' in the beginning of Mobile number.

#### G. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person if available.

#### H. Clarification / Guidelines on filling 'Related Person details - Proof of Identity [Pol] of Related Person' section

1. Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

#### I. List of people authorized to attest the documents after verification with the originals:

- 1. Authorised officials of Asset Management Companies (AMC).
  - 2. Authorised officials of Registrar & Transfer Agent (R& T) acting on behalf of the AMC.
  - 3. KYD compliant mutual fund distributors.
  - 4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
  - In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/ Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates.

#### J. List of people authorized to perform In Person Verification (IPV):

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
- 5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

#### K. PAN Exempt Investor Category

- 1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
- 2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
- 3. Investors residing in the state of Sikkim.
- 4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

## List of Two-Digit state/ U.T Codes as per Indian Motor Vehicle Act, 1988

State/ U.T	Code	State/ U.T	Code	State/ U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	TamilNadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TP
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman &Diu	DD	Manipur	MN	Uttarakhand	UK
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 Two-Digit Country Code

Applexistant         Ari         Dominant Regulate         DD         Lips         Lip         Same Perron Magueon         PM           Anard Istinds         Ar         Forget         Forget         Forget         C         Lichensien         Li         Same Perron Same         PS           Anard Same         Ar         Forget Same         Forget Same         PS         Same Perron Same         PS           Andram         Add         Expland Games         PS         Maccine Mague Personal Same         PS         Same Perron Mague Personal Same         PS           Andram         Add         Expland Games         PS         Maccine Mague Personal Same Persona Sam	Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
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