

REQUEST FOR TRANSMISSION OF UNITS (Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

То:	_	Date:				
The 7	e Trustees, Mutual Fund					
Sirs,						
Request for deletion of name(s) of the 2 nd /3 rd Holder						
Sr.#	Scheme Name		Folio No		No. of Units	
1						
2						
3						
4						
	the surviving Unit holder/s in the above scheme dates mentioned below –	es/folios regret t	to inform you the demi	se of the foll	owing joint holder(s)	
Name(s) of the Deceased Unitholder(s)				D	Date of demise*	
2.Mr	./Ms.		DD/MM/YYYY			
3.Mr./Ms.				D	DD/MM/YYYY	
A certified copy of his/her/their Death Certificate/s is/are attached herewith.						
Mob	request you to update my email and mobile no. ile No.+91 Tel.No. STD	in your records	as follows:			
The ex Bank	il Address xisting bank account details registered in the about the form.	ove folios may	be □Continued*/ □R	eplaced* as	per attached fresh	
	nation (Please ✓ one of the options below)					
	We DO NOT wish to make a nomination. (<i>Ple</i>	ease tick √if yo	u do not wish to nomin	ate anyone)		
	We wish to continue the existing nomination n	nade by me/us i	n the above folios prev	riously.		
	We wish to make a fresh nomination and herel Nomination Form to receive the Units held my				ed in the attached	
Name	& Signature of the surviving Unit holder/s					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name		PAN		Signature	
1.						
2.						
* Plea	se tick (✓) whichever is applicable.					
☐ Co	hments: py of Death Certificate of the deceased unithology by Bank Mandate Form along with \(\pi \) Cancell		a new bank account			
☐ Fresh Bank Mandate Form along with ☐ Cancelled cheque of the new bank account ☐ Nomination Form duly completed						
	YC of the surviving unit holder(s), <i>if not already</i>	y complied earl	ier.			