Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder / all Joint Holders)

To:

The Investment Manager
Carnelian Asset Management & Advisors Pvt. Ltd.
Mumbai

Name of the Claimant Mr./Ms.
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): CKYC No._____
Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian ☐ NRI ☐ PIO ☐ Others_____ (please specify)

*Please attach relevant proof

I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and request you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as –

☐ Nominee ☐ Legal Heir ☐ Others _____ (please specify)

Name of the deceased Unitholder(s)	**Date of demise***
1)	DD / MM / YYYY
2)	DD / MM / YYYY

*Please attach certified copy of Death Certificate.

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

Scheme Name	Folio No.	No. of Units	% of Claim@
1)			
2)			

@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

Contact details of the Claimant

Mobile No. **Tel. No.** STD -
Email Address:

Address (Please note that address will be updated as per *Nominee's* 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:	Branch Name:
Account No.:	
11-digit IFSC |	9-digit MICR No.
A/c. Type ☐ Saving ☐ Current ☐ NRO ☐ NRE ☐ Others _____ (please specify)	
Branch Address:	
City	PIN

Please attach cancelled cheque with *claimant's* name printed **OR** *Claimant's* Bank Statement/Passbook.

I also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder(s) to me by direct credit to the bank account mentioned above.

Additional KYC information (Please tick ✓whichever is applicable)

Occupation ☐ 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 (Rs.) ☐ Below1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ 25 Lacs-1crore ☐ > 1 Crore

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 & City of Birth	Nationality	Country of Tax Residency	Identification Type & No.

Nomination@ (Please ✓ one of the options below)

☐ I/We **DO NOT** wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
☐ I/We wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** 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 and confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep_____(scheme name) and its Investment Manager/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 Investment Manager / RTA.

I hereby authorize_____(scheme name) and its Investment Manager/RTA to share/disclose any of the information provided by me/us, including any changes as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Fund & its Investment Manager/RTA to provide/share any of the information provided by me/us including my holdings 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

Documents Attached

- ☐ Copy of Death Certificate of the deceased unitholder
- ☐ Copy of Birth Certificate (in case the Claimant is a minor)
- ☐ PAN copy and address proof of the claimant
- ☐ CKYC Identification Number of the Claimant
- ☐ Cancelled cheque with claimant's name printed OR
- ☐ Attested Bank declaration copy
- ☐ Nomination Form duly filled and signed, if any (Nominee ID proof is mandatory)
- ☐ CML copy of the claimant