



MUTUAL FUNDS

Form T1

REQUEST FOR TRANSMISSION OF UNITS

(Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

Date:

To:

The Trustees,

_____ Mutual Fund

Sirs,

Request for deletion of name(s) of the 2nd/ 3rd Holder

Sr.#	Scheme Name	Folio No.	No. of Units
1			
2			
3			
4			

I/We, the surviving Unit holder/s in the above schemes/folios regret to inform you the demise of the following joint holder(s) on the dates mentioned below –

Name(s) of the Deceased Unitholder(s)	Date of demise*
2. Mr./Ms.	DD / MM / YYYY
3. Mr./Ms.	DD / MM / YYYY

A certified copy of his/her/their Death Certificate/s is/are attached herewith.

I/ we, therefore, request you to delete the name/s of the aforesaid deceased unitholder/s in your records and transmit the Units in the abovementioned folios in my/our name/s.

I also request you to update my email and mobile no. in your records as follows:

Mobile No.	<input type="text"/>	Tel. No. STD	<input type="text"/>
This mobile number pertains to (Mandatory):	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Children
	<input type="checkbox"/> Guardian	<input type="checkbox"/> POA	<input type="checkbox"/> PMS
	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> Dependent Siblings	<input type="checkbox"/> Custodian (for FPIs only)

Email ID	<input type="text"/>
This email id pertains to (Mandatory):	<input type="checkbox"/> Self
	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Dependent Children
	<input type="checkbox"/> Dependent Parents
	<input type="checkbox"/> Dependent Siblings
	<input type="checkbox"/> Guardian
	<input type="checkbox"/> POA
	<input type="checkbox"/> PMS
	<input type="checkbox"/> Custodian (for FPIs only)

The existing bank account details registered in the above folios may be **Continued*** / **Replaced*** as per attached fresh Bank Mandate Form.

Nomination (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<input type="checkbox"/> I/We wish to continue the existing nomination made by me/us in the above folios previously.
<input type="checkbox"/> I/We wish to make a fresh 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.

Acknowledgement Slip (To be filled in by the Investor)

Application No.

Collection Centre /
ABSLAMC Stamp & Signature

Received from Mr. / Ms. _____ Date : ____/____/____

Name & Signature of the surviving Unit holder/s

Name	PAN	Signature
1		
2		

* Please tick (✓) whichever is applicable.

Attachments:

- Copy of Death Certificate of the deceased unitholder
- Fresh Bank Mandate Form along with
- Cancelled cheque of the new bank account
- Nomination Form duly completed
- KYC of the surviving unit holder(s), **if not already complied earlier.**