

Request for Transmission of Units by Nominee or Legal Heir

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

Form T3

To:

The Trustees

Mutual Fund

Name of the Claimant Mr./Ms PRATIMA SHAH	
Name of the Guardian <i>← in case the claimant is a minor →</i>	Date of Birth of the minor* / /
Mr./Ms	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
PAN (Claimant/Guardian):	<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input checked="" type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> 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 ☐ Successor to the Estate of the deceased ☐ Administrator of the Estate of the deceased

Name of the deceased Unitholder(s)	Date of demise*
1) MR. PANAN MOHAN LAL SHAH	10/02/2020
2)	
3)	

*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) SBI CREDIT RISK FUND REG (G)	15501246	4137.566	100%
2) IDFC LOW DURATION FUND REG (G)	1512790/66	4.193	100%
3) IDFC - TAX ADVANTAGE REG (G)	1512790/66	1299.678	100%
4) DSP - TAX SAVER FUND REG (D)	4563081/76	2992.504	100%

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

(SEE ATTACHED SHGG FOR DETAILS)

Contact details of the Claimant

Mobile No. +91 8184969748	Tel. No. STD
Email Address pratima.s01@gmail.com	

Address (Please note that address will be updated as per Nominee's address on KYC form / KYC Registration Agency records)

Address Line 1 7-1-29/A/22, LEELANAGAR		
Address Line 2 AMEERPET		
City: HYDERABAD	State: TELANGANA	PIN 500016

Bank Account Details of the Claimant

Bank Name	
Account No.	11-digit IFSC
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR	9-digit MICR No.
Name of bank branch	
City	PIN

Please attach & tick ✓ ☐ 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 <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional
<input type="checkbox"/> Agriculturist <input checked="" type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others
The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input checked="" type="checkbox"/> Neither (Not applicable)
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1 crore <input type="checkbox"/> >1 crore