

Deceased Unitholder's / Karta's Name:  PAN No.

Folio Nos.

Disclaimer for Different claimant types, different request to be provided

**1 CLAIMANT'S DETAILS**

I hereby request Motilal Oswal Mutual Fund to delete the name of unitholder(s) on account of sad demise and transmit the units to me.

Claim made by  Joint Holder  Registered Nominee  Legal Heir  New Karta  Other (Please specify) \_\_\_\_\_

Claimant's Name  Date of Birth

Guardian's Name  Relationship with Minor  Natural Guardian  Legal Guardian

PAN No/PEKRN  KYC ID (KIN)

**2 TAX STATUS**

Resident Individual  NRI  On behalf of Minor  HUF  Other (Please specify) \_\_\_\_\_

**3 CONTACT DETAILS**

Mobile No.  Email

Correspondence Address (Please provide full address)	Overseas Address (Mandatory for NRIs)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

\*Incase of US person, US Declaration is mandatory  
Incase of Canada person, force redemption will be done

**4 NEW BANK DETAIL ALONG WITH PROOF**

Bank Name	<input type="text"/>
Account No.	Account Type: <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
IFSC Code.	MICR Code:
Branch Address	<input type="text"/>

**5 FATCA & CRS DECLARATION** (For HUF Fill Separate FATCA/CRS UBO Form Available on Website:www.motilalosalwalmf.com.)

Place/City of Birth  Country of Birth  Country of Citizenship/Nationality

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India?  Yes  No

If "YES" please fill for ALL countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen Resident / Green Card Holder / Tax Resident in the respective countries

Country of Tax Residency	Tax Identification Number or Function Equivalent	Identification Type(TIN or other please specify)	If TIN is not available please tick the reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A  The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.  
Reason B  No TIN required (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected)  
Reason C  Others, please state the reason thereof: \_\_\_\_\_

**6 KYC DETAILS**

Occupation  Private Sector Service  Public Sector Service  Government  Business  Professional  Agriculturist  Retired  
 Housewife  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

Gross Annual Income  Below 1 lakh  1-5 lakh  5-10 lakh  10-25 lakh  >25 lakh  >1 Crore

Others  I am Politically Exposed Person (PEP)  I am Related to Politically Exposed Person (PEP)  Not Applicable

**7 NOMINATION DETAILS** – I/We wish to nominate  YES  NO [Please Tick]

Nominee Name & Address	Relationship with Nominee	PAN	Date of Birth	Guardian Name & Address	Signature of Nominee / Guardian	Proportion (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**8 DECLARATION & SIGNATURE(S):**

I/We have read and understood the contents of the Scheme Information Document(s)/Key Information Memorandum(s) & Statement of Additional Information(s) of the Scheme(s) and agree to abide by the terms, conditions, rules and regulations of the Scheme(s) as on the date of this transaction. I/We have further read, understood and hereby agree to abide by the provisions under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) under FATCA & CRS provision of the Central Board of Direct Taxes notified Rules 114 F to 114 H, as part of the Income-tax Rules, 1962.

I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. In case of non submission of any of the documents or if the documents are not found to be in order, the AMC reserves the right to not register the application submitted. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected. \*I/We interested in receiving promotional material from the AMC via mail, SMS, telecall, etc. If you do not wish to receive, please call on no. +91-22 40548002 | 8108622222.

Name and Signature



Transmission Documents Matrix – Ready Reckoner					
Sr. No	Documents Required for Transmission	Transmission to Surviving Joint Holders	Demise of Sole/All unit holders & Nominee/s registered.	Demise of Sole/All unit holders & Nominee/s NOT registered.	Demise of Karta of an HUF.
<b>Basic Documents:</b>					
1	Letter from the Nominee/s or the Claimant/s or new Karta addressed to the AMC/Fund/Registrar.	✓	✓	✓	✓
2	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly notarized or attested by gazetted officer/bank manager.	✓	✓	✓	✓
3	KYC of Nominee/s or Claimant/s or Surviving Unit holders or HUF & New Karta, Or KYC of the Guardian (in case of nominee /claimant being a minor / of unsound mind).	✓	✓	✓	✓
4	New Bank Mandate details - duly attested by Bank Manager - (Annexure I) or Cheque copy with account number and holders' name printed on the cheque.	✓	✓	✓	✓
<b>Additional Legal Documents:</b> (Indemnity Bonds/Individual Affidavit to be on stamp paper and duly notarized. KYC address should match with the address mentioned in the Indemnity Bond.)					
1 A *	Indemnity bond signed by all legal heir/s confirming the claimant/s (Annexure II)			✓	
1 B	Individual Affidavit by the Legal Heir/s (Annexure III)			✓	
2	<b>Transmission value less than ₹2,00,000:</b> <i>Document evidencing relationship of the claimant/s with the deceased unitholder/s.</i>				
	<b>Transmission value ₹2,00,000/- or more :</b> (i) Notarised copy of the Probated Will <b>OR</b> (ii) Legal Heir / Succession / Claimant certificate by a competent court <b>OR</b> (iii) Letter of Administration, in case of Inestate Succession.			✓	
3 A	Indemnity Bond signed by all the co-parceners appointing the new Karta (Annexure IV)				✓
3 B	Notarized copy of Settlement Deed <b>OR</b> Deed of Partition <b>OR</b> Decree of the relevant competent Court: (In case of no surviving co-parceners and the transmission value is <b>more than ₹ 2,00,000/-</b> , OR where there is an objection from any surviving members of the HUF)				✓

\* In case the claimant produces any one of the documents mentioned at point no. 2 above (under Additional Legal Documents), where transmission value is ₹2 lacs or more, then indemnity bond as mentioned at point no. 1A would not be required.



(To be signed jointly by all the Legal Heirs)

**ANNEXURE - II: (On stamp paper of value ₹ 500) Indemnity Bond by All Legal Heir/s Confirming Claimant/s  
with respect to Transfer of the Mutual Fund Units held by the Deceased Unit Holder without  
production of Legal Representation**

**(In case of Transmission of Mutual Fund Units held by a Single Holder/ on death of all unit holders in case of Joint Holding and where there is no nomination has been registered).**

I/We do hereby solemnly affirm and sincerely state on oath as follows,

I/We state that “Mr. / Ms. <sup>(\*)</sup> \_\_\_\_\_” passed away on \_\_\_\_\_ and he/she was holding the following Mutual Fund Units:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units HELd

The aforesaid unit holder died intestate /without registering any nominee/s in folio/s.

We further inform you that he / she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she governed at the time of his/her death.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

We have, therefore, approached you with a request to transfer the aforesaid Mutual Fund units in the name of the undersigned “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” on my/our behalf without insisting of production of a succession certificate or an order of the court of competent jurisdiction for which we or any one on our behalf execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration therefore of my/our request to transfer above said Mutual Fund units to the name of the undersigned “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_”. I / we hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” without insisting on production of a succession certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF THE said “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” have here unto set their respective hands and seals this \_\_\_\_\_ day of \_\_\_\_\_.

Signed and delivered by the said legal heir/s.

1. _____	_____
2. _____	_____
3. _____	_____
(Name & Address of the Legal Heirs)	Signature of the Legal Heirs

1. _____	_____
2. _____	_____
Sureties Name & Address [Mandatory]	Sureties Signature

<sup>(\*)</sup> = Name of the deceased unit holder

<sup>(#)</sup> = Name of the claimant/s

**ANNEXURE - II: (On stamp paper of value ₹ 100) Individual Affidavits by the Legal Heirs  
(In case of Transmission of Mutual Fund Units held by a Single Holder / on death of all unit holders in case of Joint Holding and where there is no nominee registration)**

(#) \_\_\_\_\_ " son / daughter / spouse of \_\_\_\_\_  
\_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly affirm and sincerely state on oath as follows.

That Mr. / Mrs. .<sup>(\*)</sup> \_\_\_\_\_ " the deceased was holding the following mutual fund units in his /her name as single holder/joint holders:

Sl. No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Hold

That the deceased had died intestate on \_\_\_\_\_ for which we are attaching a Death Certificate.

The following are the only legal heir(s) of late Mr. / Mrs. .<sup>(\*)</sup> \_\_\_\_\_ " for which we are attaching a Legal Heirship Certificate/ Succession Certificate.

Sl. No.	Name of the Legal Heirs	Address	Age	Relationship with the deceased
1				
2				
3				

That out of aforesaid legal heirs Master / Kumari. \_\_\_\_\_ Aged \_\_\_\_\_ years is a minor and he / she is being represented by Mr. / Ms. <sup>(§)</sup> \_\_\_\_\_ " who is none other than his / her father / mother as natural guardian.

We also confirm that there is no other legal heir as stated above to the deceased,<sup>(\*)</sup> \_\_\_\_\_ "

We also indemnify the concerned mutual fund and its authorized Registrar and Transfer Agent in a separate indemnity letter with a third party sureties.

**DEPONENT SIGNATURE:** \_\_\_\_\_

**VERIFICATION**

We hereby solemnly affirm and state on oath that what is stated herein above is true and correct Original Death Certificate or original attested copy of the death certificate. and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned mutual fund units of the deceased.

Solemnly affirmed at  
Signed before me at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary with Official Seal of Notary**

**Note:** 1. Each deponent shall sign separate affidavits.

(#) = Name of the legal heir; (\*) = Name of the deceased unit holder; § Name of the Guardian

**Annexure - IV: (On stamp paper of value ₹ 500) Indemnity Bond with Respect to Change of karta**

**Transfer of the Mutual Fund Units held by the Deceased Karta**

(To be signed by all the coparceners including the new Karta)

I/We do hereby solemnly affirm and sincerely state on oath as follows:

S No.	Name of Mutual Fund	Scheme Name	Folio No	No. of Units Held

I/We inform you that “Mr. / Ms. <sup>(\*)</sup> \_\_\_\_\_” passed away on \_\_\_\_\_ and he was the Karta of the HUF and holding the following Mutual Fund Units:

I /We inform you that the following are the only living members of the \_\_\_\_\_  
(Name of the HUF) and that there are no other members / coparceners for the said HUF:

<u>Sl.No.</u>	<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>
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- 1
- 2

I /We further inform you that Mr. “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” is the senior most coparcener of the HUF/ is the new Karta duly appointed by all the members.

I/We have, therefore, approached you with a request to replace the name of the deceased Karta with the name of the new Karta Mr. “Mr. / Ms. <sup>(#)</sup> \_\_\_\_\_” for which I /We execute an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration thereof my / our request to replace the name of the Karta in the above said Mutual Fund units in the place of deceased Karta I/We hereby agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your , at my/ our request.

IN WITNESS WHEREOF THE said “Mr. / Ms. <sup>(S)</sup> \_\_\_\_\_”has here unto set their respective hands and seals this \_\_\_\_\_ day of \_\_\_\_\_.

Signed and delivered by the said applicant. (Name of new Karta)

1. \_\_\_\_\_

Name & Address of members of the HUF	Signature of the members of the HUF
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1. \_\_\_\_\_

2. \_\_\_\_\_

Sureties Name and Address [Mandatory]	Sureties Signature
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Date: \_\_\_\_\_

Place: \_\_\_\_\_

Signature of notary [With name and seal]

Add additional lines wherever applicable

<sup>(\*)</sup> = Name of the deceased Karta [Unit Holder ] ; <sup>(#)</sup> =Name of the new Karta ; <sup>(S)</sup> = Name of the members of HUF



**Declaration from Resident of United States of America for Investment in Schemes of Motilal Oswal Mutual Fund**

**Date:**

**To,  
Motilal Oswal Asset Management Company Limited**

10<sup>th</sup> Floor, Motilal Oswal Tower,  
Rahimtullah Sayani Road, Opp. Parel ST Depot,  
Prabhadevi, Mumbai - 400025

**Folio No.:** \_\_\_\_\_

I/We, hereby unequivocally and irrevocably declare, accept the statements, all of which I/We am/are fully knowledgeable about, as follows:

- 1) I/We am/are a Non-Resident Indian(s) (**NRI**) / Person(s) of Indian Origin (**PIO**) as per the extant laws of India currently residing in the United States of America.
- 2) I/We understand and agree that Motilal Oswal Mutual Fund (**MOMF**), Motilal Oswal Asset Management Company Limited (**MOAMC**) have neither filed any of their scheme related documents nor have registered the units of the schemes of MOMF in any jurisdiction other than the India. The same has also been clearly mentioned in Statement of Additional Information and Scheme Information Document of the respective schemes of MOMF.
- 3) I/We have not been communicated/ solicited/marketed/advertised about making any investment(s) in the scheme(s) of MOMF either by way of (a) any physical means (including but not limited to any advertisement, article, notice or other communication published in any newspaper, magazine or similar media, seminar, meeting, press conference, mailings, billboards or (b) any electronic means (including but not limited to a television/radio broadcast, internet, social media, electronic mails) in a jurisdiction of which I am a resident by any person(s) including MOMF, MOAMC or their respective directors, trustees, employees, agents, assigns.
- 4) I/We confirm that by applying for subscription to the schemes of MOMF, I/We are not in any non-compliance, violation or in irregularity with any/all extant laws (of any jurisdiction) applicable to me/us and that I/We have not been barred/prohibited from accessing the capital markets under any order/ruling/judgment/decreed etc. in any jurisdiction/regulation. I/We shall not hold liable MOMF/MOAMC/Motilal Oswal Trustee Company Limited (MOTC) for any breach of terms and conditions thereto from me/us or my/our behalf.
- 5) I/We hereby authorize MOMF, MOAMC or their respective directors, trustees, employees, agents, assigns to disclose, share or remit in any form/manner/mode any information pertaining to the investment(s) being made by me/us to any Indian or foreign statutory, regulatory, judicial, quasi-judicial authority/ agency without any intimation to me/us.



- 6) I/We hereby declare that I/we are fully aware of the implications (legal, compliance, regulatory and tax related) of making such investment and I/we am/are taking this investment decision based on the advice of tax consultant(s) and legal counsel obtained by me.
- 7) I/We hereby declare that the said investment(s) is being made by me/us under my/our free will and volition and no person (directly or indirectly) whatsoever has made any communication/solicitation /advertisement/marketing(active/passive) to me/us for making such investment.
- 8) I/We understand and acknowledge that MOMF, MOAMC reserves the right to reject or accept any investments and may redeem any investments already made, at their sole discretion and as they may deem fit without assigning any reasons.
- 9) In case of any inconsistency being found between the information being provided by me/us in the application form provided by me/us for making investments and the information contained herein, the contents of this declaration shall prevail. Further, I/We hereby agree to provide any additional information / documentation to MOMF/MOAMC, its agents, employees, it's Registrar etc. that may be required in connection with the investments made by me/us.
- 10) I/We shall indemnify MOMF/MOAMC/Motilal Oswal Trustee Company Limited (MOTC) and its Sponsor/Group/ Associates; it's Officers/Directors/Employees in respect of any loss, cost, charge, expenses and such other claims which may be incurred in respect of any false, misleading, inaccurate and incomplete information in connection with my/our investments in the Scheme(s) of MOMF.

Sign here	Sign here	Sign here
Name	Name	Name
Name Sole Applicant/ (In case of Minor name of Guardian)	Name of Second Applicant	Name of Third Applicant