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

The Trustees			Date:	
Γhe Trustees,		Mutual Fund		
· ·				
Sirs, R	equest for deletion of name	e(s) of the 2 nd /3 rd	Holder	
Sr.# Scheme		Folio N		No. of Units
1				
2				
3				
4				
We, the surviving Unit holder older(s) on the dates mentioned		os regret to inform	you the dem	nise of the following jo
Name(s) of the Deceased Uni	tholder(s)		PAN	Date of demise*
Mr./Ms.				DD / MM / YYYY
Mr./Ms.				DD / MM / YYYY
certified copy of his/her/their	Death Certificate/s is/are att	ached herewith.		
T. 1 C	Self □ Spouse □ Son □ Daug			
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