Form T1



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

To:		Date:			
The Trustees,	Mutual Fund				
Sira					
Sirs,	Dogwost for dolotion of n	omo(s) of the 2nd/ 3rd He	oldor		
Sr#	Request for deletion of name(s) of Scheme Name		oluci	No. of Units	
1		Folio No			
2					
3					
4					
/We, the surviving Unit holder on the dates mentioned below -	r/s in the above schemes/folios	regret to inform you the demi	ise of the foll	owing joint holder(s	
Name(s) of the Deceased Unitholder(s)				Date of demise*	
2.Mr./Ms.				DD/MM/YYYY	
3.Mr./Ms.				DD/MM/YYYY	
	r Death Certificate/s is/are attac	hed herewith.			
Bank Mandate Form. Nomination (Please ✓ one of	•			per attached fresh	
	ake a nomination. (<i>Please tick</i> existing nomination made by the state of the state		-		
		<u>-</u>		1: 4 4 1 1	
	n nomination and hereby nomin eive the Units held my/our folio			ed in the attached	
Name & Signature of the sur	viving Unit holder/s				
	Name	PAN		Signature	
1.					
2.					
km	1, 11				
* Please tick (✓) whichever i	is applicable.				
Attachments:					
Copy of Death Certificate o	f the deceased unitholder				
	along with Cancelled chequ	e of the new bank account			
☐ Nomination Form duly com	•				
☐ KYC of the surviving unit h	nolder(s), if not already complia	ed earlier.			