Transmission Request Form Filling Important Pointers

RELIANCE MUTUAL FUND

Reliance Nippon Life Asset Management Limited
(formerly Reliance Capital Asset Management Limited)
A Reliance Capital Company

TRANSMISSION REQUEST FORM

Folio Number/s : ____________________

2 **Deceased Unit Holder's / Karta's Name :** ____________________

CLAIMANT DETAILS

Due to the sad demise of the unit holder/s, I/we request Reliance Mutual Fund for transmission of units and register me / us as the beneficial owner(s) in respect of the investments standing in the folio/s and name of the the said deceased as mentioned above.

1. Request Made By : ☐ Joint Holder/s ☐ Legal Heir(s) ☐ Successor(s) to the Estate ☐ Registered Nominee ☐ Survivors of HUF ☐ Administrator(s) of the Estate

1 **2. Claimant/s Name :** ____________________

3. Claimant/s PAN : ____________________ **4. Claimant/s DOB :** ____________________ (Attach proof)

5. Name of the Guardian : ____________________ (If the claimant is a minor) **Relationship with Minor :** ☐ Father ☐ Mother ☐ Court Appointed (Attach proof)

6. Contact Details :

Mobile + (Country Code)

Email ID :

Mailing Address : Please note that your address details will be updated as per your KYC records with CVL / KRA

Address Line 1

Address Line 2

City **Pin Code** **State**

7. Bank Account Details

Bank Name Mandatory

Account No. Mandatory **A/c. Type (✓)** ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

BranchAddress **Branch City**

PIN **IFSC Code** **9 Digit MICR Code*** For Credit via NEFT

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

8. Nomination Details

Nomination Required	Nominee Name	Guardian Name (in case Nominee is Minor)	Date of Birth of Minor	Allocation (%)	Sign of Nominee	Sign of Guardian
☐ Yes						
☐ No						

9. Documents to be submitted by the Claimant*

Please see overleaf / page 2 for the list of required documents.

DECLARATION AND SIGNATURE

I/We hereby declare that the above information is given by the undersigned and the particulars given by me / us are correct and complete. I / We hereby submit the documents mentioned on following page, based on transmission case as applicable to me/us, in support my/our claim for the said investments. I/We will not hold the Fund/AMC/RTA for any delay in transmission due to inadequacy of the documents or due to verification of our claim in detail and agree that the Fund reserves a right to call for any additional details and/or documents.

SIGN HERE	First / Sole Applicant / Guardian / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory

Transmission Req Form / 25th May 2017 / Ver 1.2

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Acknowledgement Slip

Received, subject to verification, from ____________________ request for transmission of units from Folio No : ____________________ as per details given above.

Signature, Date & Stamp

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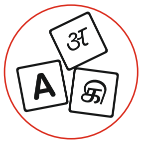
Serial No.	Mandatory Checks for Documents received	Tick (✓)	Comments (if any)
1	The claimants name in the documents provided should be exactly the same as available in the Folio		
2	Name of the deceased unit holder in the Death Certificate should be exactly the same as it is available in the Folio		
3	Death Certificate validation should be as per the outlined process in the Ready Reckoner (refer Sl No.2) 2 Death Certificate of deceased Unit Holder/s Karta in original or Photocopy duly notarized or attested by gazetted officer / bank manager.		
4	Check if Balance units are available in the Folio 		
5	Translation copy should be provided for all the documents provided in other than English or Hindi language(s) 		
6	Indian Embassy signature and stamp should be available (where DC issued outside India) or Apostilled 		
7	Sureties details , name and signature should be available in the Indemnity Bond 		
8	Client should be KYC compliant as per KRA / CKYC . Hold and Rejection is not acceptable. 		

Ensuring adherence to the outlined mandatory fields would lead to few/NIL rejections and seamless transaction processing.

Employee Id : ______________________________

Employee Name : ______________________________

Seal of the Branch