

Notes:

1. Upon transmission, the PMS account with NJ Asset Management Private Limited (NJAMPL) shall be considered as closed.
2. Investors are requested to use same pen(ink) for form filling and signatures across the document(s).
3. The application should be submitted to NJAMPL within 15 days from the date of request.
4. Upon requesting the transmission of a PMS account, the successor gives consent to terminate all active systematic registrations and bank mandates registered with NJAMPL.
5. In case claimant continue PMS facility with NJAMPL,
 - Any outstanding liabilities and/or surplus cash available will be transferred in the proportion of claim.
 - If the current value of holdings belonging to the deceased holder is less than INR 50 Lacs, the claimant needs to comply with regulatory threshold (currently INR 50 lakhs) by transferring the necessary shortfall amount before the account activation process.
 - Upon transmission, the Successor will have investment in the same Investment Approach, in which deceased holder's had investment.
 - The Claimant should be KYC complied and additionally is required to comply with all the statutory requirement.
6. If the claimant chooses not to continue the PMS facility with NJAMPL,
 - Any remaining surplus funds after adjusting any outstanding liabilities, will be transferred to the successor's designated bank account as provided with the transmission request form.
 - If the cash balance is not sufficient to collect the outstanding liabilities from the deceased holder's account, transmission request will be processed upon completion of payment by the successor.

ANNEXURE**Transmission Documents Matrix - Ready Reckoner**

Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered or Nominee also deceased
1	PMS Transmission form	✓	✓	✓
2	Broker/DP closure and Transmission form	✓	✓	✓
3	Client Master List original copy (with DP stamp & sign In case of transfer outside NJ DP).	✓	✓	✓
4	Death Certificate of deceased Holder/s in original or Photocopy duly attested by a Notary Public or a Gazetted Officer.	✓	✓	✓
5	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook of successor/s with current entries (not older than 3 months) with self attestation.	✓	✓	✓
6	A Succession Certificate / A Letter of Administration / A Probate of the will of the deceased.	NA	NA	✓
7	In case of name mismatch of nominee/successor i.e. spelling errors, sequence error, Affidavits (on Rs. 100 stamp paper) for name correction, if the person is same.	NA	✓	NA
8	Marriage certificate of the Nominee/Surviving holder (Only required, if the name is updated as before marriage and the transmission is to be done in the account where the name is updated after marriage).	✓	✓	NA

INTIMATION OF DEMISE INVESTOR'S INFORMATION



NJ ASSET MANAGEMENT PRIVATE LIMITED

Registered Office: Block No. 601, 3rd Floor, 'C' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10,Udhna, Surat – 394210, Gujarat
Corporate Office: Unit No. 101A, 1st Floor, Hallmark Business Plaza, Bandra (East), Mumbai – 400051, Maharashtra.

(Please fill in the information below legibly in English and in CAPITALS)

Date

Details of Deceased holder account

PMS Account No:

First Holder Name: First Name Middle Name Last Name

Name of Deceased Holder (s)	PAN of Deceased Holder	Date of Demise
		DD/MM/YYYY
		DD/MM/YYYY
		DD/MM/YYYY

I/We regret to inform you about the demise of the above mentioned holder / holder(s) having the PMS Account, where I/We am/are the Surviving holder(s) / Nominee(s) / Successor(s) / Guardian of the successor or nominee(s) (in case the claimant is a Minor) /Legal Representative or Family member, in the accounts maintained by NJAMPL (NJ Asset Management Private Limited).

Details of notifier	Joint Holder / Nominee / Legal heir	Joint Holder / Nominee / Legal heir	Nominee / Legal heir
Name of Claimant			
PAN			
Relationship with deceased holder			
Mobile No			
Email ID			
Address			

I hereby confirm that all the information provided above is accurate and truthful to the best of my knowledge and belief. I assure you that I am committed to provide any further details or additional information that may be required by the NJ AMPL. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

Joint Holder / Nominee / Legal heir

Joint Holder / Nominee / Legal heir

Nominee / Legal heir

Documents Required:

- 1) Death certificate - Original downloaded or notarized copy.
- 2) PAN copy of deceased investor.
- 3) Self-attested PAN copy of notifier(s).



TRANSMISSION REQUEST FORM

(In case of death of one / more of the joint holders)

Application No.

Date:

(Please fill all the details in Block Letters in English)

To,
NJ IndiaInvest Pvt. Ltd.,
 8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10. Udhna, Surat-394210, Gujarat, India.

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to transmit the securities balance from:

DP ID:

Client ID:

To

DP ID:

Client ID:

Due to the death of _____
 (Name of the deceased account holder(s)). Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

(Please Tear Here)

Acknowledgement Receipt

Application No.

Date:

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID:

Client ID:

To

DP ID:

Client ID:

Surviving Holder(s) Name(s)

First / Sole Holder	Second Holder
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature



Account Closure Request Form

Application No.

*Date :

Closure Initiated by BO DP Depository (To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)

To,
NJ Indialinvest Pvt. Ltd.,

Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat, India.
Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Account Holder's Details

DP ID: Client ID:
Name of the First/Sole Holder:
Name of the Second Holder:
Name of the Third Holder:
Correspondence Address:
 City:
State: Pin/Zip Code:

Details of remaining security balances in the account (if any)

Reasons for Closing the Account:

Balance remaining in the account (if any) to be : Partly Rematerialised and Partly Transferred Rematerialised
Transferred to another account (Number given below) Not applicable

DP ID:

Client ID:

Balance present in account for (To be filled by DP, if applicable):

Ear - marked Pending for Dematerialisation Pending for Rematerialisation Pledged Frozen Lock-in

Declaration: In Case Of Account Closure Due To Shifting of Account: I/We Declare And Confirm that All the Transactions in My/Our Demat Account Are True/ Authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.

Account Closure Request Form (Trading)

To,
NJ Indialinvest Pvt. Ltd.,

Dear Sir / Madam,

I / We the holder of the trading account request you to close my / our account with you from the date of this application. The details of my/our account are given below.

Name of client: UCC No.:

Distributor Name: Distributor Code:

Branch Name: Segments for closure: BSE NSE

Signature of Client Distributor Signature

(Please Tear Here)

Acknowledgement Receipt

Application No.

Date :

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

DP ID: Client ID: UCC No.:

Name of the First / Sole Holder:

Name of the Second Holder:

Name of the Third Holder:

Reason for Closure:

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "Shifting Of Account".

Depository Participant Seal and Signature



INTIMATION OF DEMISE INVESTOR BY JOINT HOLDER(S) / NOMINEE(S).

*Date :

D	D	M	M	Y	Y	Y	Y
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To,
NJ India Invest Pvt. Ltd.,
Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar
Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210.

Dear Sir/Madam,

Sub.: Intimation of demise information.

Ref. : PAN _____ & BOID: _____

I/We regret to inform you about the demise _____ Name of deceased holder _____ having the above PAN / Account number, where I/We is/are the joint holder(s) / registered nominee(s) / legal heir(s) in the accounts maintained with your organisation / entity. Original downloaded/ self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the copy of deceased person for PAN.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication / contacts in this regard and not for updation in KYC records or in any of the accounts.

Detail	Joint holder/Nominee/Legal heir 1	Joint holder/Nominee/Legal heir 2	Nominee/Legal heir 3
Name:			
PAN:			
Mobile:			
Email:			
Relation with investor:			
Address:			

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

Signature :

Joint holder/Nominee/Legal heir 1

Joint holder/Nominee/Legal heir 2

Nominee/Legal heir 3

- Encl.: Death certificate - Original downloaded or notarized copy.**
PAN copy of deceased investor.
Self-attested PAN copy of notifier(s).

Depository Participant Seal and Signature