

# Annexure - IV

## No-Objection Certificate from the Legal Heir(s)

(To be submitted on Non-judicial Stamp Paper of appropriate value)

**Format of NOC from other Legal Heir(s) for Transmission of Units in favour of the Claimant wherein the Sole Holder or all the Joint Holders in the folio(s) are deceased**  
**WITHOUT REGISTERING ANY NOMINATION DECLARATION**

I/We, the legal heir(s) of late Mr. / Ms. \_\_\_\_\_ Name of the deceased unit holder declare as follows:

(i) That the abovenamed deceased Unitholder was holding Units in the following Schemes/ folios of \_\_\_\_\_ Mutual Fund in his / her name as single holder/joint holder:

Scheme Name	Folio No.	No. of units held
1.		
2.		
3.		

(ii) That the deceased has died intestate on DD / MM / YYYY and without registering any Nomination.

(iii) That I / we are the legal heir(s) of the deceased unit holder, apart from the claimant, Mr. / Ms. \_\_\_\_\_, who has applied for transmission of the aforesaid Units.

Name of the legal heir/s	Address	PAN	Age	Relationship with the Deceased
1.				
2.				
3.				

(iv) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid Units held by the deceased and I / we hereby willfully relinquish & renounce all my /our rights in respect of the aforesaid Units and shall have no legal claim upon said Units in future.

(v) Accordingly, I / we declare that I / we have no objection whatsoever to \_\_\_\_\_ Mutual Fund transmitting the aforesaid Units in favour of Mr. / Ms. \_\_\_\_\_.

(vi) I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge.

Deponent's Signature/s	1) _____	2) _____	3) _____
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### VERIFICATION

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mutual fund units.

Solemnly affirmed at \_\_\_\_\_

Deponent(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

### Signed before me

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

Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary with Official Seal of Notary & Regn. No.

(\*) = Name of the deceased unit holder (#) = Name of the claimant/s