

Date : ___/___/____

To be filled in Capital Letters.

Request letter from the Surviving Unit Holder(s) in case of Deletion of Name of other registered unitholder(s) on account of death

Request for Deletion of : (Please ✓ the applicable request)

<input type="checkbox"/>	1 st /Primary Unit Holder	<input type="checkbox"/>	Joint Holder 1	<input type="checkbox"/>	Joint Holder 2
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Folio/Account Number	Name of the Unitholders	
	Sole/First Applicant	
	Joint Holder Name 1	
	Joint Holder Name 2	

With reference to the above account, I/we state that "Mr./Ms. " _____ *Name of deceased unit holder* " passed away on _____ and he/she was holding the Units, jointly with us and now I/we are now the only surviving unit holder(s) of the units. Therefore approached you with a request to delete the name of " _____ *Name of deceased unit holder* " and transfer the aforesaid investments under the above mentioned Folio/Account No(s) in the name of the undersigns :

Registered Unit Holder 1		PAN	
Registered Unit Holder 2		PAN	

Change/Updation of Contact Details in case of any change

E-mail address						
Mobile No.		STD Code		Residence Tel. No.		Office Tel. No.

Change/Updation of Bank Details in case of any change

Bank Account Number #						
Bank Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> Others (Please specify)
Bank Name						
Bank Branch Address City : Pin Code :					
RTGS/NEFT/IFS Code <small>11 digit code is printed on the cheque book</small>				MICR Code <small>9 Digit Number next to the Cheque No.</small>		

I am herewith enclosing requested documents as follows: Please tick (✓)

<input type="checkbox"/>	Death Certificate in original or photocopy duly notarized or attested by gazette officer OR a bank manager along with the bank stamp, Signatory full name, designation & Employee Code	
<input type="checkbox"/>	Self-attested copy of PAN Card, if not provided earlier	
<input type="checkbox"/>	KYC of the surviving unit holders duly verified by KYC Registration Agency (KRA) , if not provided earlier	
<input type="checkbox"/>	In case your PAN is not verified by KYC Registration Agency (KRA), kindly enclosed the KYC form along with relevant documentary proof and In-Person Verification. For more information in this regard please read "INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM" detailed on the reversed side of the KYC form. The said KYC form can be downloaded from our website https://www.principalindia.com/general/NewDownloads.aspx	
<input type="checkbox"/>	Confirmation of Bank Details with signature attestation by a bank branch manager with the bank stamp, Signatory full name, designation & Employee Code in case of Change/Updation of Bank Details	Annexure I

Please enclose the relevant documentary proof duly attested as mentioned above. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.

 Signature of 1st/Primary Holder

 Signature of Joint holder 1

 Signature of Joint Holder 2

 This request can be submit at our nearest Investor Service Location. The list of Point of Official Point of Acceptance / Investor Service Centres are available on our website - <http://www.principalindia.com/contact-us>