

## Request for Transmission of Securities by Nominee or Legal Heir

(For Transmission of securities on death of the Sole holder)

To:

**The Listed Issuer/RTA,**  
(Address)

(Name of the Listed Issuer/RTA)

|   |
|---|
| <b>Name of the Claimant(s)</b><br>Mr./Ms  |
| Name of the Guardian <input type="checkbox"/> <i>in case the claimant is a minor</i> → Date of Birth of the minor*<br>Mr./Ms  |
| Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*   |
| <b>[Multiple PAN may be entered]</b> PAN (Claimant(s)/Guardian): <input type="text"/>   <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached   |
| Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others<br>(please specify) |

*\*Please attach relevant proof*

|  |                         |
|--|-------------------------|
| I/We, the claimant(s) named hereinabove, hereby inform you about the demise of the below mentioned Securities Holder(s) and request you to transmit the securities held by the deceased holder(s) in my/our favour in my/our capacity as –<br><input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> Administrator of the Estate of the deceased |                         |
| <b>Name of the deceased holder(s)</b>  | <b>Date of demise**</b> |
| 1)   | DD / MM / YYYY          |
| 2)   | DD / MM / YYYY          |
| 3)   | DD / MM / YYYY          |

*\*\*Please attach certified copy of Death Certificate.*

**Securities(s) & Folio(s) in respect of which Transmission of securities is being requested**

| Name of the Company | Folio No. | No. of Securities | % of Claim@ |
|---------------------|-----------|-------------------|-------------|
| 1)                  |           |                   |             |
| 2)                  |           |                   |             |
| 3)                  |           |                   |             |
| 4)                  |           |                   |             |

*@As per Nomination OR as per the Will/Probate/Succession Certificate/Letter of Administration/ Legal Heirship Certificate (or its equivalent certificate)/ Court Decree, if applicable.*

**Contact details of the Claimant (s) [Provision for multiple entries may be made]**

|                                      |                                     |
|--------------------------------------|-------------------------------------|
| Mobile No.+91   <input type="text"/> | Tel. No. STD - <input type="text"/> |
| Email Address <input type="text"/>   |                                     |

## Address

(Please note that address will be updated as per address on KYC form / KYC Registration Agency records)

|                |       |
|----------------|-------|
| Address Line 1 |       |
| Address Line 2 |       |
| City:          | State |
|                | PIN   |

## Bank Account Details of the Claimant

|  |                  |
|--|------------------|
| Bank Name  |                  |
| Account No.  | 11-digit IFSC    |
| A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | 9-digit MICR No. |
| Name of bank branch  |                  |
| City   |                  |
| PIN  |                  |

Please attach & tick✓  Cancelled cheque with claimant's name printed OR  Claimant's Bank Statement/Passbook (duly attested by the Bank Manager)

I also request you to pay the **UNCLAIMED** amounts, *if any*, in respect of the deceased securities holder(s) by direct credit to the bank account mentioned above.

## Additional KYC information (Please tick✓ whichever is applicable)

|   |
|---|
| <b>Occupation</b> <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service<br><input type="checkbox"/> Business <input type="checkbox"/> Professional<br><input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others<br>(Please specify) |
| The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)  |
| <b>Gross Annual Income (₹)</b> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore  |

## FATCA and CRS information

|   |                                 |                     |
|---|---------------------------------|---------------------|
| Country of Birth _____  | Place of Birth _____            |                     |
| Nationality _____   |                                 |                     |
| Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                 |                     |
| If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below |                                 |                     |
| Country   | Tax-Payer Identification Number | Identification Type |
|   |                                 |                     |
|   |                                 |                     |
|   |                                 |                     |

**Nomination@** (Please ✓ one of the options below)

I/We **DO NOT** wish to make a nomination. *(Please tick ✓ if you do not wish to nominate anyone)*

I/We wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** to receive the securities held in my/our folio in the event of my / our death.

@ *Guardian of a minor is not allowed to make a nomination on behalf of the minor*

**Declaration and Signature of the Claimant(s)**

I/We have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner as per Annexure A.*

I/We confirm that the information provided above is true and correct to the best of my knowledge and belief.

I/We \_\_\_\_\_ undertake \_\_\_\_\_ to \_\_\_\_\_ keep \_\_\_\_\_ (Name of the Company) / its RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the RTAs.

I/We \_\_\_\_\_ hereby \_\_\_\_\_ authorize \_\_\_\_\_ (Name of the Company) and its RTA to provide/ share any of the information provided by me/us including my holdings in the (Name of the Company) to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

|             |                          |
|-------------|--------------------------|
| Place _____ | Signature of Claimant(s) |
| Date _____  |                          |

**Documents Attached**

- Copy of Death Certificate of the deceased holder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian
- KYC Acknowledgment OR
- KYC form of Claimant
- Cancelled cheque with claimant's name printed OR  Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure D - Individual Affidavits given EACH Legal Heir
- Original security certificate(s)
- Annexure E - Bond of Indemnity furnished by Legal Heirs
- Annexure F - NOC from other Legal Heirs

**\*Note:** For transmission service requests, Form ISR-4 as per SEBI circular SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2022/8 dated January 25, 2022 will not be required.