

Request for Transmission of Securities by Nominee or Legal Heir
(For Transmission of securities on death of the sole holder)

Name of the Claimant(s):

1. Mr./Ms. _____
2. Mr./Ms. _____
3. Mr./Ms. _____

Name of the Guardian:	
(In case Claimant is a Minor) Date of Birth of the Minor*:	
Relationship with the Minor:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Guardian*
PAN (Claimant(s)/Guardian): Multiple PAN may be entered	<div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
<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 <i>please specify</i> _____

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 –

☐ Nominee ☐ Legal Heir ☐ Successor to the Estate of the deceased

☐ Administrator of the Estate of the deceased

Name of bank branch: _____
City
PIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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)**

Occupation: <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <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 <u>(Please specify) _____</u>	
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)	
Gross Annual Income (₹) <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)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> 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.

<p>Place: _____</p> <p>Date: _____</p>	<p>Signature of Claimant(s)</p>
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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
- ☐ Individual Affidavits given EACH Legal Heir
- ☐ Original security certificate(s)
- ☐ Bond of Indemnity furnished by Legal Heirs
- ☐ 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 25th January 2022 will not be required.