

ISR - 5

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

To,
M/s MUFG Intime India Private Limited
(formerly known as Link Intime India Private Limited),
C-101, 247 Park, 1st Floor, LBS Mark, Vikhroli West,
Mumbai 400 083, Maharashtra, India

Name of the Claimant(s):

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

Name of the Guardian:	
<i>(In case Claimant is a Minor)</i> 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	<input type="checkbox"/> , <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<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>

*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 –

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

Name of the deceased holder(s)	Date of demise**
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]

Bank Account Details of the Claimant

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. (Please tick ✓ if you do not wish to nominate anyone)
<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.

Place: _____	
Date: _____	
	Signature of Claimant(s)

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.