To: The Listed Issuer/RTA, (Address)

(Name of the Listed Issuer/RTA)

| Name of the | i i |
|--|--------------------|
| Claimant(s) | |
| Mr./Ms. | |
| Name of the Guardian \Box in case the claimant is a minor \rightarrow Date of Birth of the second sec | ne minor* |
| Mr./Ms. | |
| Relationship with Minor: Generation Father Generation Mother Generation Court Appointed Gua | ardian* |
| [Multiple PAN may be entered] PAN (Claimant(s)/Guardian): | |
| Acknowledgment attached KYC form attached | |
| Tax Status: Resident Individual Resident Minor (through Guardian) NRI (please specify) | □ PIO □ Others |
| *Please attach relevant proof | |
| I/We, the claimant(s) named hereinabove, hereby inform you about the de | emise of the below |
| mentioned Securities Holder(s) and request you to transmit the secu | rities 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] |
|------------------------------------|-------------|--------------|-------------|------------|
| Mobile No.+91 | Tel. No. | STD - | | |

Email Address

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 (√) □SB □Curre | nt □NRO □NRE □FCNR | 9-digit MICR No. |
| Name of bank branch | | |
| City PIN | | |
| | | |

Please attach & tick <a>\lambda Cancelled cheque with claimant's name printed **OR** <a>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 \checkmark whichever is applicable)

| Occupation | or Service | Government Service | | | |
|---|---|--------------------------|--|--|--|
| □Agriculturist □Retired □H | lome Maker □ Student □ Forex Dea (Please specify) | ler 🗆 Others | | | |
| The Claimant is a Politicat Person Neither (Not appli | ally Exposed Person | a Politically Exposed | | | |
| Gross Annual Income (₹) 25 Lacs-1crore □ >1 crore | □Below 1 Lac □1-5 Lacs □ 5-10 | Lacs 10-25 Lacs | | | |
| FATCA and CRS informatio | n | | | | |
| Country of Birth | Place | of Birth | | | |
| Nationality | | | | | |
| Are you a tax resident of any | y country other than India? | □No | | | |
| If Yes, please mention all the | e countries in which you are resident cation Number and its identification ty | for tax purposes and the | | | |
| Country | ntry Tax-Payer Identification Number Identification Type | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Nomination[@] (Please \checkmark one of the options below)

□ I/We **DO NOT** wish to make a nomination. (*Please tick* \checkmark *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.

| /We | hereby | authorize |
|--------------------------|--|----------------------------------|
| | | (Name of the |
| my holdings in the (Name | ovide/ share any of the informati of the Company) to any gover uired by law without any obliga | nmental or statutory or judicial |

| 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
- □ 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.

Individual Affidavits to be given by ALL the Legal Heirs OR Legal Heirs named in Succession Certificate*/ Probate of Will*/ Will*/ Letter of Administration*/ Legal Heirship Certificate*(or its equivalent certificate)*/Court Decree*

(For Transmission of securities on death of Sole Holder where <u>NO</u> <u>NOMINATION has been registered</u>)

Each Deponent (legal heir) shall sign separate Affidavits.

(To be executed on a non-judicial stamp of appropriate value and Notarized)

| Ι, | | Son | / |
|---|---------------------|----------------------|--------|
| daughter | | | of |
| residing | | | at |
| do h | ereby solemnly at | ffirm and state on o | ath |
| as follows. | | | |
| That Mr. /Mrs | | [@] ("t | he |
| deceased holder") held the followin holder: | g securities in his | / her name as sing | gle |
| Company Name | Folio No. | No. of securities | s held |
| | | | |
| | | | |
| | | | |

□ That the aforesaid deceased holder died *intestate* leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate/ Legal Heirship Certificate(or its equivalent certificate)/Court Decree dated ______ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. *

1) 2) 3)

OR

□ That the aforesaid deceased holder died leaving behind the following persons as the legatees as per the Will/ Probated Will/ Letter of Administration dated _____ and without registering any nominee. *

A copy of the Succession Certificate*/ Probate of Will*/ Will*/ Letter of Administration*/ Legal Heirship Certificate*(or its equivalent certificate)*/ Court Decree* is attached herewith.

| | Name of the Legal Heir(s) | Address and contact details | Age | Relation with the Deceased |
|----|------------------------------|-----------------------------|-----|----------------------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

| That | among | the | aforesaid | legal | heirs, | Master/ |
|------------------------------|-------------|------|-----------|-------|-------------------------|--------------|
| Kum | | | | aged | _ years is a m | inor and is |
| being represented by Mr./Ms. | | | | | ^{\$} being his | / her father |
| / mother / | legal guard | ian. | | | | |

Signature of the Deponent:

Х_____

VERIFICATION

I hereby solemnly affirm and state that what is stated herein above is true and correct and nothing has been concealed therein and that we I am competent to contract and entitled to rights and benefits of the abovementioned securities of the deceased.

Note: To be executed in the presence of a Public Notary / Gazetted Officer

Bond of Indemnity to be furnished jointly by all Legal Heir(s) including the Claimant(s) (To be submitted on Non-judicial Stamp Paper of appropriate value)

[For Transmission of Securities on death of Sole Securities' Holder, where no nomination has been registered]

I/We do hereby solemnly affirm and state on oath as follows:

| That Mr. /Ms. following securitie | Na Na | was holding the | | |
|--------------------------------------|-------------------|-----------------|-----------|------------------------|
| Name of th Company | e Certificate No. | Distinctive No. | Folio No. | No. of securities held |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

That the aforesaid deceased holder died *intestate* on ______, without registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of intestate succession applicable to him/her by which he/she was governed at the time of his/her death.

| Name of the Legal Heir(s)/Claimant(s) | Address and contact details | Age | Relationship Deceased | with | the |
|--|--------------------------------|-----|--------------------------|------|-----|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

OR

That the aforesaid deceased holder died on ______, without registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of testamentary succession.

| Name of the Legal Heir(s)/Claimant(s) | Address and contact details | Age | Relationship Deceased | with | the |
|--|-----------------------------|-----|--------------------------|------|-----|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Therefore, I/We, the Legal Heir(s)/Claimant(s) and deponent(s) herein has/have, approached ______(Name of the Company/RTA)_with a request to transmit the aforesaid securities in the name of the undersigned Mr. /Ms. [Name(s) of the legal heir(s)/claimant(s)] ______#, on my/our behalf, without insisting on production of a Succession Certificate/ Probate of Will / Letter of Administration or any Court order, for which we execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said securities to the name of the undersigned Mr. /Ms. [Name(s) of the legal heir(s)/claimant(s)] #,

I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, [Name of the Company/ Issuer and any RTA] and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which they may suffer and/or incur by reason of transferring the said securities as herein above mentioned, at my/our request to the undersigned Mr./Ms. [Name(s) of the legal heir(s)/claimant(s) without insisting on production of a Succession Certificate / Probate of Will / Letter of Administration

or any Court order.

IN WITNESS WHEREOF the said 1) Mr. /Ms. _____ (Name and signature of the witness)

And 2) Mr. /Ms. ______ Name and signature of the witness _____ #, have hereunto set their respective hands and seals this day of

Signed and delivered by the said legal heir/s.

| Name the Legal Heirs | Signature of the Legal Heirs | | | | |
|---|---------------------------------|--|--|--|--|
| 1 | X | | | | |
| 2 | Х | | | | |
| 3 | Х | | | | |
| (*) = Name of the deceased security holder Signed before | (#) = Name of the claimant/s | | | | |
| at: | | | | | |

| on | | | | | |
|----|--|--|--|--|--|
| | | | | | |

Signature of Notary

Official stamp & seal of the Notary & Regn. No.: