#### 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 <sup>@</sup>
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)</a>

# 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)	ller 🗆 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
<b>FATCA and CRS informatio</b>	n	
Country of Birth	Place	of Birth
Nationality		
Are you a tax resident of any	y country other than India?  Yes	□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	Tax-Payer Identification Number	Identification Type

**Nomination**<sup>@</sup> (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.

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

[To be submitted in non-judicial stamp paper of appropriate value]

#### No-Objection Certificate from the Legal Heir(s)

#### Format of NOC from other Legal Heir(s) for Transmission of Securities in favour of the Claimant(s) wherein the Sole Holder is deceased and NO <u>NOMINATION has been registered</u>

#### DECLARATION

I/We, the legal heir(s) of late Mr. / Ms\_\_\_\_\_(name of the deceased holder) declare as follows –

(i) That the above named deceased holder was holding the following securities in his / her name as single holder:

Name of the Company	Folio No.	No. of securities held
1)		
2)		
3)		

- (ii) That the deceased had died intestate on DD/MM/YYYY .and without registering any nominee.
- (iii) That the following Claimant(s) has/have applied for the transmission of the aforesaid securities:

Name of the Claimant(s)	Address and contact details	Age	Relationship with the deceased
1)			
2)			
3)			

(iv) That I / We are the legal heir(s) of the deceased holder, apart from the Claimant(s)who has/ have applied for transmission of the aforesaid securities and our details are as follows:

Name of the Legal Heir(s)	Address and contact details	Age	Relationship with the deceased
1)			
2)			
3)			

- (v) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid securities held by the deceased and I / we hereby wilfully relinquish & renounce all my /our rights in respect of the aforesaid securities and shall have no legal claim upon said securities in future.
- (vi) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in (Name of the Company) transmitting the aforesaid securities in favour of the Claimant(s) Mr. / Ms.
- (vii) I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge and nothing has been concealed therein.

Name(s) and Signature(s) of Legal Heir(s) who are Non – Claimant(s):

1)			
2)			
3)			
/			

	VERIFICATION	
	en concealed therein and th	ed herein above is true to our nat we are competent to contract d securities.
Solemnly affirmed at		
Deponent(s) (1)	(2)	_(3)

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 securities		Name of the deceased holder				
Name of the 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.: