|  |  |  |
| --- | --- | --- |
| **Request for Transmission of Securities by Nominee or Legal Heir**  (For Transmission of securities on death of the Sole holder) |  | **Annexure C – ISR 5** |

To:

**The Listed Issuer/RTA,**

(Address)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Listed Issuer/RTA)**

|  |
| --- |
| **Name of the Claimant(s)**  Mr./Ms. |
| Name of the Guardian  *in case the claimant is a minor* → Date of Birth of the minor\*  Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship with Minor:  Father  Mother  Court Appointed Guardian\* |
| **[Multiple PAN may be entered]** PAN (Claimant(s)/Guardian): | | | | | | | | | | | KYC Acknowledgment attached  KYC form attached |
| Tax Status:  Resident Individual  Resident Minor (through Guardian) NRI  PIO  Others (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 –   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 Current NRO NRE 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)

|  |
| --- |
| **Occupation**  Private Sector Service Public Sector Service Government Service Business Professional  Agriculturist Retired Home Maker  Student Forex Dealer  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please specify) |
| The Claimant is  a Politically Exposed Person  Related to a Politically Exposed Person  Neither (Not applicable) |
| **Gross Annual Income** (₹) Below 1 Lac 1-5 Lacs  5-10 Lacs 10-25 Lacs  25 Lacs-1crore  >1 crore |

# FATCA and CRS information

|  |  |  |
| --- | --- | --- |
| Country of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Are you a tax resident of any country other than India? Yes 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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.**