

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:
(Name Of The Company),
(Address)

Name of the Claimant(s) – 1. 2. 3.	
Name of the Guardian <i>in case the claimant is a minor</i> → Date of Birth of the minor* (*Please attach relevant proof)	
Mr./Ms. _____ Relationship with Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian* (*Please attach relevant proof)	
PAN (Claimant(s)/Guardian): 1. 2. 3.	
☐ KYC Acknowledgment attached ☐ KYC form attached	
Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO ☐ Others (please specify)	

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) :

Mobile No.- Claimant 1. +91	Tel. No. STD –
Claimant 2. +91	Tel. No. STD –
Claimant 3. +91	Tel. No. STD –
Email Address: Claimant 1-	
Claimant 2-	
Claimant 3-	

Address of Claimant 1:

Address Line 1		
Address Line 2		
City:	State	PIN

(Please note that address will be updated as per address on KYC form / KYC Registration Agency records)

Bank Account Details of the Claimant 1:

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-1 crore ☐ > 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 and enclose Form ISR 3)*

☒ 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.

Note: 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 _____	Signature of Claimant 1:
Date _____	Signature of Claimant 2:
	Signature of Claimant 3:

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.