|  |  |  |
| --- | --- | --- |
| **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.**