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,

Mobile No.+91

(Address)

	(Name of the Liste	d Issu	er/RTA)	
Name of the				
Claimant(s) Mr./Ms.				
Name of the Guardian in case the claimant is	$a minor \rightarrow Date of Bi$	irth of th	ne minor*	
Mr./Ms.				
Relationship with Minor: Father Mother	☐ Court Appoint	ted Gua	ardian*	
[Multiple PAN may be entered] PAN (Claimant(s) Acknowledgment attached ☐ KYC form attached			∐ □ KY	С
Tax Status: ☐ Resident Individual ☐ Resident Mino (please specify)	or (through Guardian)	□NRI	□ PIO	□ Others
*Please attach relevant proof				
I/We, the claimant(s) named hereinabove, here mentioned Securities Holder(s) and request deceased holder(s) in my/our favour in my/our Nominee Legal Heir Successor to the the Estate of the deceased	you to transmit the capacity as –	e secu	ırities he	eld by the
Name of the deceased holder(s)			Date of	f
(-)			demise	
1)			DD / M	M / YYYY
2)			DD / M	M / YYYY
3)			DD / MM / YYYY	
**Please attach certified copy of Death Certificat	te.		l	
Securities(s) & Folio(s) in respect of which Trequested	ransmission of sec	urities	is bein	g
Name of the Company	Folio No.	_	No. of curities	% of Claim@
4.				
1)				
2)				
2)				

Tel. No. STD -

Email Address		
•	t address will be updated as per ad	dress on KYC form /
KYC Registration Agency rec	rords)	
Address Line 1		
Address Line 2		
City:	State PIN	
Bank Account Details of the	e 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		
	elled cheque with claimant's name μ	 printed OR □ Claimant's
	luly attested by the Bank Manager)	
	e UNCLAIMED amounts <i>, if any</i> , ir ct credit to the bank account men	
Additional KYC information	ı (Please tick√ whichever is applical	ble)
Occupation □ Private Sect □ Business □ Professional	tor Service □Public Sector Service	∋ □Government Service
□Agriculturist □Retired □H	lome Maker □ Student □Forex De (Please specify)	ealer □ Others
The Claimant is □ a Politica Person □ Neither (Not appl	,	to a Politically Exposed
Gross Annual Income (₹) 25 Lacs-1crore □ >1 crore	□Below 1 Lac □1-5 Lacs □ 5-1	0 Lacs □10-25 Lacs □
FATCA and CRS informatio		
Country of Birth	Plac	e of Birth
Nationality		
If Yes, please mention all the	y country other than India? □Ye e countries in which you are resider	nt for tax purposes and the
Country	cation Number and its identification Tax-Payer Identification Number	Identification Type
Country	rax-rayer identification Number	identification Type

Nomination@ (Plea	se √ one of the options b	elow)	
□ I/We DO NOT v nominate anyone)	wish to make a nominatior	n. <i>(Please tick √ if</i>	you do not wish to
described in the	ake a nomination and here attached Nomination Fo		person/s more particularly securities held in my/our
@ Guardian of a mi	nor is not allowed to make	e a nomination on	behalf of the minor
I/We have attached	gnature of the Claimant d herewith all the relevar ckoner as per Annexure A	nt / required docu	ments as indicated in the
I/We confirm that t knowledge and believed.	•	above is true and	correct to the best of my
I/We	undertake	to	keep (Name of the
			to the above information in ation as may be required by
I/We	hereb	у	authorize (Name of the
my holdings in the	(Name of the Company)	to any governme	provided by me/us including ental or statutory or judicial of informing me/us of the
Place			
Date	Sir	gnature of Claimaı	atro.
	0 (gnature or Claimai	11(5)
□ Copy of Birth Cer □ Copy of PAN Car □ KYC Acknowledg □ KYC form of Clai □ Cancelled cheque Statement/Passb □ Nomination Form □ Annexure D - Indi □ Original security of □ Annexure E - Bor	ertificate of the deceased hatificate (in case the Claimad of Claimant / Guardian ment OR mant e with claimant's name prince ook duly completed vidual Affidavits given EA	ant is a minor) nted OR CH Legal Heir	□ Claimant's Bank

*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.

Annexure D

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 NO NOMINATION has been registered)

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
		ereby solemnly a	ffirm and state on o	 oath
	as follows. That Mr. /Mrs		@ ("	the
	deceased holder") held the followin holder:	g securities in his	/ her name as sin	gle
	Company Name	Folio No.	No. of securitie	s held
1)				
2)				
3)				
	□ That the aforesaid deceased hold the following persons as the only Certificate/ Legal Heirship Certificate/ Decree dated Succession by which he/she was without registering any nominee.	y surviving heirs ficate(or its equiv _ / according to governed at the ti	as per the Succes /alent certificate)/C the Law of Intes	ssion Court state
		OR		
	□ That the aforesaid deceased he persons as the legatees as persons as the legatees as persons are defined and a person between the persons are detailed.	per the Will/ Pro	bbated Will/ Lette	r of
	A copy of the Succession Certifi	icate*/ Probate o	of Will*/ Will*/ Lat	tor of

Administration*/ Legal Heirship Certificate*(or its equivalent certificate)*/

Court Decree* is attached herewith.

	Name of the Heir(s)	Legal	Address a	nd contact	details	Age	Relation with the Deceased
1)							
2)							
3)							
	among represented by W ner / legal guardia		aforesaid	legal _aged	heirs, _ years is a ^{\$} being l	a mino	
X					Signature o	of the D	Deponent:
	correct and nothin contract and entite the deceased.						
Soler X	nnly affirmed at			S	ignature of	f the D	eponent:
-			Signed be	fore me			
	Place:						
	Date :						
			>	<			
				Signature of	of Notary wi of Nota		cial Seal egn. No.
	* strikeout whiche # = Name of the I \$ = Name of the I	legal heir		e of the dec	ceased secu	urity ho	older

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 securit	ioc.		Na	ime of the deceased	holde		was	holdin	g the
		Certifica	ate No.	Distinctive No.	Foli	io No.		No. of	eld
1									
2									
3									
4									
which he/she wa	as g e gal	overned	_	laws of intestate such e of his/her death. Address and	Age	Relatio	nship		
Heir(s)/Claimai	nt(s)		contact details		Deceas	sed		
2									
3									
4									
That the aforesa nominee, leavin according to the	g b	ehind hi	m/her the	e following persons	as the			gistering legal l	
Name of the Le Heir(s)/Claiman	gal			Address and contact details	Age	Relatio Deceas		with	the
1									
2									
3									

request to transmit the aforesaid securities [Name(s) of	
	_
heir(s)/claimant(s)]	the legal #, on my/our
behalf, without insisting on production of a Su	
of Administration or any Court order, for when the court order, for the court order, for the court order, for the court of t	
contained and on relying on the information h true.	erein given by us, believing the same to be
ude.	
In consideration therefore of my/our request to the name of the undersigned Mr. /Ms. [Name(s	
I/We hereby jointly and severely agree and ur	
saved, defended, harmless, [Name of the successors and assigns for all time hereafte	• • •
demands, risks, charges, expenses, damage	es, etc., whatsoever which they may suffer
and/or incur by reason of transferring the sai my/our request to the undersigned	
heir(s)/claimant(s)]	Mr./Ms. [Name(s) of the legal #, without
insisting on production of a Succession Certific	
or any Court order.	
IN WITNESS WHEREOF the said 1) Mr. /Ms.	(Name and signature of the
witness)	(realing and eighted or the
And 2) Mr. /Ms Name and s	
hereunto set their respective hands and seals	thic dovi of
•	•
•	and delivered by the said legal heir/s.
•	and delivered by the said legal heir/s. Signature of the
Name the Legal Heirs	and delivered by the said legal heir/s.
Signed a	and delivered by the said legal heir/s. Signature of the
Name the Legal Heirs	Signature of the Legal Heirs
Name the Legal Heirs 1	Signature of the Legal Heirs
Name the Legal Heirs 1	Signature of the Legal Heirs
Name the Legal Heirs 1	Signature of the Legal Heirs X
Name the Legal Heirs 1 2 (*) = Name of the deceased security holder	Signature of the Legal Heirs X (#) = Name of the claimant/s
Name the Legal Heirs 1 2 (*) = Name of the deceased security holder Signed before	Signature of the Legal Heirs X (#) = Name of the claimant/s
Name the Legal Heirs 1 2 (*) = Name of the deceased security holder	Signature of the Legal Heirs X (#) = Name of the claimant/s
Name the Legal Heirs 1 2 3 (*) = Name of the deceased security holder Signed beforat:	Signature of the Legal Heirs X (#) = Name of the claimant/s
Name the Legal Heirs 1 2 (*) = Name of the deceased security holder Signed before	Signature of the Legal Heirs X (#) = Name of the claimant/s
Name the Legal Heirs 1 2 3 (*) = Name of the deceased security holder Signed beforat:	Signature of the Legal Heirs X (#) = Name of the claimant/s

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 NOMINATION has been registered

	DECLARATION	
I/We, the legal heir(s) of late Mr. / Ms declare as follows –	(name of	the deceased holder)
(i) That the above named deceased h his / her name as single holder:	older was holding the	following securities in
Name of the Company	Folio No.	No. of securities held
1)		

(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 title to the aforesaid securelinquish & renounce all shall have no legal claim (vi) Accordingly, I / we decla (Name of the of the Claimant(s) Mr. / M	urities held by my /our rights upon said secure that I / we h Company) trands. t whatever is stothing has been	the deceased and I / in respect of the afore urities in future. ave NO OBJECTION smitting the aforesaid cated herein above are n concealed therein.	we helesaid se WHAT securiti	reby wilfully ecurities and SOEVER in ies in favour
1)) WITO ATE INOTT — CIAII		
	VERI	FICATION		
We hereby solemnly affirm knowledge and nothing has and entitled to rights and be	been conceale	d therein and that we	are com	
Solemnly affirmed at				
Deponent(s) (1)	(2)	(3)		