| **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: {companyName}, {companyRTA}, {companyRTAAddress}, {companyRTAPincode}

| **Name of the Claimant(s):** {namePan} |
| --- |
| Name of the Guardian *in case the claimant is a minor*→ Date of Birth of the minor\*  Mr./Ms. {#isMinor}{guardianName}{/isMinor} {#isMinor}{dobMinor}{/isMinor}  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\*\*** |
| {shareholderNameDeath} | {dod} |

*\*\*Please attach notarised 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**@** |
| --- | --- | --- | --- |
| {#certificate}{companyOldName2} | {Folio} | {totalNoOfShares} | {percentageClaimant}{/} |

***@****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 : Tel. No. -** {phone} |
| --- |
| **Email Address :** {email} |

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

| Address Line 1 | {addressAadhar} |  |  |  |
| --- | --- | --- | --- | --- |
| Address Line 2 |  |  |  |  |
| City: | {city} |  |  | State: {state}  PIN : {pincodeBank} |

# Bank Account Details of the Claimant

| Bank Name: {bankName} |
| --- |
| Account No.:   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |       11-digit IFSC:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |
| A/c. Type (✓) SB Current NRO NRE FCNR**|**  **9-digit MICR No**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |
| Name of bank branch: {branchName} |
| City: {city}  PIN: {pincodeBank} |

*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: {countryOfBirth} Place of Birth : {placeOfBirth}  Nationality: {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, undertake to keep 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 hereby authorize and its RTA to provide/ share any of the information provided by me/us including my holdings in the 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) |
| --- | --- |