

**Request for Transmission of Securities by Nominee or Legal Heir**  
(For Transmission of securities on death of the Sole holder)

To:  
**The Listed Issuer/RTA,**  
(Address)  
\_\_\_\_\_ (Name of the Listed Issuer/RTA)

<b>Name of the Claimant(s)</b> Mr./Ms. _____	
Name of the Guardian <input type="checkbox"/> <i>in case the claimant is a minor</i> →	Date of Birth of the minor* Mr./Ms. _____
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*	
<b>[Multiple PAN may be entered]</b> PAN (Claimant(s)/Guardian): _____ <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached	
Tax Status : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> 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 – <input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> Administrator of the Estate of the deceased	
<b>Name of the deceased holder(s)</b>	<b>Date of demise**</b>
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)			

*@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 - _____
<b>Email Address</b>	

**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 (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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)

<b>Occupation :</b> <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others				
The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)				
<b>Gross Annual Income (₹)</b> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore				

**FATCA and CRS information**

Country of Birth _____	Place of Birth _____	
Nationality _____		
Are you a tax resident of any country other than India? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> 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)

<input type="checkbox"/> I/We <b>DO NOT</b> wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held 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 14.*

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)
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**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 17](#) - Affidavits to be given by Legal Heirs

[Annexure 18](#) - Bond of Indemnity

[Annexure 19](#) - NOC from other Legal Heirs