# 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)

if applicable.

Mobile No.+91

(Name	e of the Listed I	ssu	er/RTA)	
Name of the Claimant(s) Mr./Ms.				
Name of the Guardian   in case the claimant is a minor	· → Date of Birth	of th	he minor*	
Mr./Ms				
Relationship with Minor:     Father   Mother	Court Appointed	l Gua	ardian*	
[Multiple PAN may be entered] PAN (Claimant(s)/Guardi Acknowledgment attached ☐ KYC form attached	an):		∐	C
Tax Status: ☐ Resident Individual ☐ Resident Minor (throughlease specify)	ugh Guardian) □N	NRI	□ PIO	☐ Others
*Please attach relevant proof				
I/We, the claimant(s) named hereinabove, hereby informentioned Securities Holder(s) and request you to deceased holder(s) in my/our favour in my/our capaci   Nominee  Legal Heir  Successor to the Estate the Estate of the deceased	o transmit the s ty as –	secu	ırities he	
Name of the deceased holder(s)			Date of demise	
1)			DD/M	M / YYYY
2)			DD / M	M / YYYY
3)			DD / M	M / YYYY
**Please attach certified copy of Death Certificate.			l .	
Securities(s) & Folio(s) in respect of which Transm	ission of secur	ities	is being	9
requested	1	ı		
Name of the Company	Folio No.		No. of curities	% of Claim <sup>@</sup>
1)	1 0110 140.	00	Curities	Ciaiiii
2)				
3)				
4)				
@As per Nomination OR as per the Will/Probate/S	uccession Certi	ficate	e/Letter	of

Administration/ Legal Heirship Certificate (or its equivalent certificate)/ Court Decree,

Contact details of the Claimant (s) [Provision for multiple entries may be made]

Tel. No.

Email Address		
	t address will be updated as per ad	dress on KYC form /
KYC Registration Agency rec	cords)	
Address Line 1		
Address Line 2		
City:	State PIN	
Bank Account Details of the		
Bank Name		
Account No.		11-digit IFSC
A/c. Type (√) □SB □Current	□NRO □NRE □FCNR	9-digit MICR No.
Name of bank branch	<del></del>	
City PIN		
	elled cheque with claimant's name p	orinted <b>OR</b> □ Claimant's
	luly attested by the Bank Manager)	
	e UNCLAIMED amounts <i>, if any</i> , in ct credit to the bank account men	
Additional KYC information	(Please tick√ whichever is applicat	ole)
Occupation □ Private Sect □ Business □ Professional	tor Service    Public Sector Service	e □Government Service
□Agriculturist □Retired □H	lome Maker □ Student □Forex De (Please specify)	ealer   Others
The Claimant is □ a Politica Person □ Neither (Not appl		o 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	n	
Country of Birth	Plac	e of Birth
Nationality	-	
If Yes, please mention all the	y country other than India?	t for tax purposes and the
Country	cation Number and its identification  Tax-Payer Identification Number	Identification Type
Country	rax-Payer identification Number	Identification Type

Nomination <sup>®</sup> (Pleas	se √ one of the options	below)		
□ I/We <b>DO NOT</b> w nominate anyone)	rish to make a nominati	on. <i>(Please ticl</i>	k√ if you do	not wish to
described in the	ake a nomination and he attached Nomination of my / our death.	•	•	
@ Guardian of a mir	nor is not allowed to ma	ike a nominatio	n on behalf	of the minor
I/We have attached	gnature of the Claiman herewith all the relevel Schoker as per Annexure	ant / required	documents	as indicated in the
I/We confirm that the knowledge and believed.	e information provided f.	d above is true	and correc	t to the best of my
I/We	undertake		to	keep (Name of the
	informed about any chrake to provide any oth			above information in
I/We	here	eby		authorize
my holdings in the	FA to provide/ share and (Name of the Compan as required by law with	y) to any gove	rnmental or	statutory or judicial
Place				
Date		Signature of Cl	aimant <sub>(S)</sub>	
□ Copy of Birth Cert □ Copy of PAN Card □ KYC Acknowledgr □ KYC form of Clair □ Cancelled cheque Statement/Passbo □ Nomination Form □ Annexure D - Indiv □ Original security county cou	rtificate of the deceased ificate (in case the Claim of Claim ant / Guardian nent OR mant with claim ant's name pook duly completed vidual Affidavits given E	mant is a minor orinted OR EACH Legal Heir d by Legal Heir	́ □ Clair ir	nant's Bank

<sup>\*&</sup>lt;u>Note</u>: 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)

	l,		Son	/
	daughter			of
	residing			at
	do he	ereby solemnly af	firm and state on c	ath
	as follows. That Mr. /Mrs		@ ("t	the
	deceased holder") held the following holder:	g securities in his	/ her name as sing	gle
	Company Name	Folio No.	No. of securities	s held
1)				
2)				
3)				
	□ That the aforesaid deceased hold the following persons as the only Certificate/ Legal Heirship Certificate/ Decree dated	<ul> <li>surviving heirs</li> <li>icate(or its equiv</li> <li>/ according to</li> <li>governed at the tir</li> </ul>	as per the Succes valent certificate)/C the Law of Intes	sion court state
		OR		
	☐ That the aforesaid deceased ho persons as the legatees as p Administration dated ar	er the Will/ Pro	bated Will/ Lette	

A copy of the Succession Certificate\*/ Probate of Will\*/ Will\*/ Letter of Administration\*/ Legal Heirship Certificate\*(or its equivalent certificate)\*/ Court Decree\* is attached herewith.

	Name of th Heir(s)	e Legal	Address a	nd contact details	Age	Relation with the Deceased
1)						
2)						
3)						
Kum being re		Mr./Ms		legal h _aged years \$ bei	s is a mino	Master/ r and is er father
X				Signat	ure of the [	Deponent:
C	correct and noth	ning has be	en concealed	what is stated here If therein and that we fits of the abovement	ve I am con	npetent to
Solemi X	nly affirmed at			Signatu	re of the D	eponent:
			Signed be	efore me		
F	Place:					
	Date :					
				Signature of Notal of		cial Seal
#	strikeout which = Name of the = Name of the	e legal heir	@ = Nan	ne of the deceased	,	

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.

Heir(s)/Claimant(s) contact details Deceased  OR That the aforesaid deceased holder died on, without registering an nominee, leaving behind him/her the following persons as the only surviving legal heirs according to the laws of testamentary succession.	That Mr.		ıritios		Na	me of the deceased	l holde		was	s holdin	g the
That the aforesaid deceased holder died <i>intestate</i> on registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of intestate succession applicable to him/her be which he/she was governed at the time of his/her death.  Name of the Legal Address and contact details  OR  That the aforesaid deceased holder died on nominee, leaving behind him/her the following persons as the only surviving legal heirs according to the laws of testamentary succession.  Name of the Legal Address and Age Relationship with the following persons as the only surviving legal heirs according to the laws of testamentary succession.  Name of the Legal Address and Age Relationship with the heir(s)/Claimant(s) contact details	Name	of			ate No.	Distinctive No.	Fol	io No.			eld
That the aforesaid deceased holder died intestate on gistering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of intestate succession applicable to him/her be which he/she was governed at the time of his/her death.    Name of the Legal   Address and contact details   Age   Relationship with the deceased	1										
That the aforesaid deceased holder died intestate on	2										
That the aforesaid deceased holder died intestate on	3										
registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of intestate succession applicable to him/her be which he/she was governed at the time of his/her death.    Name of the Legal Heir(s)/Claimant(s)   Address and contact details   Address and contact details	4										
Heir(s)/Claimant(s)  Contact details  Deceased  OR  That the aforesaid deceased holder died on, without registering an nominee, leaving behind him/her the following persons as the only surviving legal heirs according to the laws of testamentary succession.  Name of the Legal	surviving which he	g lega e/she	l heirs was (	s, accord governed	ing to the	laws of intestate su	• •	on applic	cable to	o him/h	er by
2  3  4  OR  That the aforesaid deceased holder died on							Age			with	the
OR That the aforesaid deceased holder died on	1										
OR That the aforesaid deceased holder died on	2										
OR That the aforesaid deceased holder died on	3										
That the aforesaid deceased holder died on	4										
Name of the Legal Address and Heir(s)/Claimant(s) Contact details Deceased  Address and Age Relationship with the Deceased Deceased	nominee	, leav	ving b	ehind hi	m/her the	died on following persons	as the		•	,	
2	Name of	f the L	_egal			Address and	Age		•	with	the
	1										
3	2										
	3										

approached	(Name of the Company/RTA)_with a
request to transmit the aforesaid securities i [Name(s) of heir(s)/claimant(s)]	n the name of the undersigned Mr. /Ms. the legal #, on my/our
behalf, without insisting on production of a Suc of Administration or any Court order, for wh contained and on relying on the information he true.	ccession Certificate/ Probate of Will / Letter ich we execute an indemnity as is herein
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 unsaved, defended, harmless, [Name of the successors and assigns for all time hereafter demands, risks, charges, expenses, damages and/or incur by reason of transferring the said my/our request to the undersigned heir(s)/claimant(s)]	Company/ Issuer and any RTA] and its against all losses, costs, claims, actions, s, etc., whatsoever which they may suffer d securities as herein above mentioned, at Mr./Ms. [Name(s) of the legal#, without
insisting on production of a Succession Certificator any Court order.	
IN WITNESS WHEREOF the said 1) Mr. /Ms witness)	
And 2) Mr. /Ms Name and si hereunto set their respective hands and seals t Signed an	
Name the Legal Heirs	Signature of the Legal Heirs
1	X
2	X
3	X
(*) = Name of the deceased security holder Signed befo	(#) = Name of the claimant/s re me
at:	
on:	
Signature of Notary	
Official stamp & seal of the Notary & Regn. No.	

### 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

<u>u</u>	ECLARATION	
I/We, the legal heir(s) of late Mr. / Msdeclare as follows –	(name of	the deceased holder)
(i) That the above named deceased hold his / her name as single holder:	er was holding the	following securities in
Name of the Company	Folio No.	No. of securities held
1)		
2)		
2)		
3)		

- registering any nominee.
- (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 held that I /	the deceased and I / in respect of the afore urities in future.  ave NO OBJECTION asmitting the aforesaid	we he said se WHAT securit	reby wilfully ecurities and SOEVER in ies in favour
my/our knowledge and no Name(s) and Signature(s)	of Legal Heir(s			:
	VERI	FICATION		
We hereby solemnly affirm knowledge and nothing has and entitled to rights and be	been conceale	ed therein and that we a	are com	
Solemnly affirmed at				
Deponent(s) (1)	(2)	(3)		