

NO OBJECTION STATEMANET

"N"

Statement to be made by heir whose name is excluded in transmission of securities standing in the sole name of deceased holder.

WHEREAS

- 1) I \_\_\_\_\_  
Resident at \_\_\_\_\_, am the heir of  
late \_\_\_\_\_  
the deceased registered holder in the (Name of Company) \_\_\_\_\_  
of \_\_\_\_\_ Shares /Bonds bearing distinctive no(s)  
\_\_\_\_\_
- 2) It has been stated to the company that the aforesaid security/ies to be transmitted from the name of the deceased to only the name (s) of applicant(s) viz \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the aforesaid, state that I do not desire to make a claim of title in respect of said security/ies held in name of the said deceased and I do not have any objection to the Company transmitting the said security/ies, in the name(s) of the above mentioned applicant(s) only.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed in the presence of

\_\_\_\_\_  
Bank Manager/Notary

\_\_\_\_\_  
Signature of Renouces

Full Name and Address of Bank Manager / Noraty

\_\_\_\_\_  
\_\_\_\_\_  
PIN \_\_\_\_\_

12.	Are any heirs being excluded ? If so why? Have each of them given No. Objection Statement in Annexure 'N' ?				
13.	Is there any dispute (amongst the legal heirs or with third parties) in respect of the title or ownership of the securities mentioned in column No.3 and other properties (estate) of the deceased				
14.	Any other information which the applicant(s) wants to give in support of his/her/their claim to the security/ies in the Company standing in the name of the deceased holder.				

Address of Applicants :- \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature(s) of applicant(s)

Date :

Before  
 Signing  
 Affix  
 Rs.100/-  
 Special  
 Adhesive  
 Stamp  
 Here

**AFFIDAVIT**

“A”

I/We \_\_\_\_\_  
 [ (Full name(s) of holder(s) / applicant(s) ]

Solemnly affirm and say that what is stated in answer to the questions on the form of the reverse and marked "T" is true to my / our knowledge.

Date \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature(s) of the applicant(s)

Solemnly affirmed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Full Name and  
 Address of Magistrate / Notary \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Regd.No. of Notary \_\_\_\_\_

Signed in the presence of \_\_\_\_\_  
 (Signature of Magistrate / Notary)

Use space below to affix :

Notarial / Court Fee Stamps	Official Seal of Magistrate / Notary

N.B. The delivery to the Company of this form, duly field in , shall not, in any way, affect the Company's right to refuse the application altogether or to insist on a Legal Representation via. Succession Certificate/Probate of Will/Letter of Administration/etc. before transmitting the Securities.

TITLE CLAIM FORM .  
( Name of the Company )

T

Form to be field in by person or persons claiming the title to security/ies of a deceased holder without legal representation

1.	1. Full Name of the deceased holder.				
2.	Date of death of the deceased according to English Calendar. (Attach Death Certificate in support)	Day	Month	Year	
3.	i) Name of securities held by the deceased in this Company.				
	ii) in whose possession are the certificates at present	Name of the Company	Kind & No. of Shares / Bond		
	iii) Number of Securities held in sold name of the deceased in order companies.				
4.	Particular of property (movable and immovable) of deceased other than that shown in column 3 above (if any, briefly state as to its disposal)				
5.	Has the deceased left a will or any other testamentary instrument disposing of his property: (if so attach an attested copy of the same.				
6.	Whether legal representation (succession certificate / letters of administration probate) is obtained / proposed to be obtained by the applicants / legal heirs of the deceased, in respect of the property described in column No.4				
7.	Has the deceased left parents / widow / husband and / or children ?	Name	Relationship	Age	Marital Status
8.	By what law is the estate of the deceased governed ? (please state which School of Law is applicable)				
9.	Who are the heirs of the deceased according to the law by which succession to his estate is governed ?	Name	Relationship	Age	Marital Status
10.	Was the deceased (if a Hindu) a member of a joint and undivided Hindu family ? If so, please state the names and ages of the surviving co-partners.	Name of Surviving Co-parceners	Relationship	Age	Marital Status
11.	Details of person(s) claiming title to the securities viz. applicant(s) on whose name(s) the securities are to be transmitted.	Name of Applicants	Relationship	Age	Occupation

Before signing  
Affix  
Rs.200/-  
Special  
Adhesive  
Stamp  
Here

INDEMNITY

To

TO ALL TO WHOM THESE PRESENTS shall come I/we \_\_\_\_\_  
(Name(s) of applicant(s) - Rafer Item 11 Form "T" )

WHEREAS" \_\_\_\_\_ send greetings  
(Name of deceased)

was at the date of his/her death as hereinafter more particularly mentioned the registered holder of  
(No. and kind of securities)

bearing Distinctive Nos. \_\_\_\_\_  
of the nominal face value of Rupees \_\_\_\_\_ each in \_\_\_\_\_

a Joint - Stock Company incorporated and registered under the Companies Act ,1956 ( hereinafter called the Company and  
whereas the said \_\_\_\_\_  
(Name of deceased)

departed this life on or about the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
instate and without leaving any debts and leaving him / her surviving viz : \_\_\_\_\_  
(Refer Item 7 of form "T")

\_\_\_\_\_ respectively ANY WHEREAS  
of the said \_\_\_\_\_  
[Name(s) of Applicant(s)]

has applied to the Company to transfer the said securities which still stand in the name of the said \_\_\_\_\_  
(Name of deceased) into the name  
of the said \_\_\_\_\_  
[ Name(s) of Applicant(s)]

and to pay him / her / them the dividends thereon which the Company has agreed to do upon the said \_\_\_\_\_  
[Name(s) of applicant(s)]

\_\_\_\_\_ as principal(s) and the said \_\_\_\_\_  
(Name of Surety)  
\_\_\_\_\_ as surety executing unto the Company such Indemnity

as hereinafter contained. NOW KNOW YE AND THESE PRESENTS WITNESS that they the

said \_\_\_\_\_  
[Full Name(s) of holder(s) / applicant(s)]

\_\_\_\_\_ and \_\_\_\_\_  
(Name of Surety)

\_\_\_\_\_ as surety for themselves, their heirs, executors, administrators and assigns do hereby covenant with the company, its successors and assigns that they, the said covenanting parties, jointly and severally, and their heirs, executors, administrator and assigns will on the company transferring all the said securities into the name of the said \_\_\_\_\_

\_\_\_\_\_ [Name(s) of applicant(s)]

and paying him/her/them the dividends already due and grow due thereon, at all times, save defend, keep harmless and indemnified the said company, its successors and assigns and its and their estates and effects and the Directors, Agents, Secretary and Shareholders of the said company, their heirs, executors, administrators, and assigns and their and each of their estates and effects from and against all actions, causes of actions, suits, proceedings, accounts, claims and demands whatsoever at Law or in Equity or otherwise howsoever for or on account of the said shares or dividends thereof or any part there of or otherwise in connection with the said shares on the part of any person or persons whomsoever and from and against all damages, costs, charges and expenses, in respect thereof or otherwise however in relation to the premises.

IN WITNESS WHEREOF THE said \_\_\_\_\_  
[ Name(s) of applicant(s)]

\_\_\_\_\_ and \_\_\_\_\_  
(Name of Surety)

have here unto set their respective hands and seals this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
Signed, sealed and delivered by the said applicant(s) \_\_\_\_\_ in the presence of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Signature(s) of applicant(s)

\_\_\_\_\_

\_\_\_\_\_ Signature of Surety

\_\_\_\_\_ Signature

Full Name : \_\_\_\_\_

Address of \_\_\_\_\_

Magistrate/Notary \_\_\_\_\_

\_\_\_\_\_ PIN

Regd. No of Notary \_\_\_\_\_

Use space below to affix :

<p>Notarial / Court Fee Stamps</p>	<p>Official Seal of Magistrate / Notary</p>
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SURETY FORM  
(Form to be signed by surety proposed for indemnity Agreement)

"S"

Private & Confidential

NAME OF SURETY : \_\_\_\_\_  
(in full )

PERMANENT RESIDENTIAL \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Age: \_\_\_\_\_ Years Permanent Income Tax No.: \_\_\_\_\_

\* A person cannot stand as Surety for Spouse / Family Member \*Furnish documentary evidence

(Fill In any or more of the following boxes, whichever is applicable)

**A** Details of Employment

1) Name of employer : \_\_\_\_\_

2) Place of employment : \_\_\_\_\_

3) Annual Salary \_\_\_\_\_

4) Other emoluments \_\_\_\_\_

AND/OR

**B** Details of Immovable Property Owned

(absolutely in own name and not as a member of a joint & Hindu undivided family. Specify whether consisting of houses or more lands)

1) Within Municipal Limits : \_\_\_\_\_

2) Situation : \_\_\_\_\_

3) Value : \_\_\_\_\_

4) Annual rent realized : \_\_\_\_\_

AND/OR

**C** Details of Business Owned

(absolutely in own name and not as a Partner)

1) Nature of business and location \_\_\_\_\_

2) Annual turnover \_\_\_\_\_

3) Annual profits \_\_\_\_\_

Date: \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Surety

Witnessed by :  
Full Name and Address of Bank Manager / Notary Public

\_\_\_\_\_  
Signed in the presence of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_

\_\_\_\_\_  
(Bank Manager /Notary Public )

Note: Please enclose the following with this form:  
Notarised copy of ① PAN card ② Address proof and  
③ Acknowledgment of Income Tax Return .

FORMAT OF AFFIDAVIT TO BE EXECUTED AT A PLACE WHERE LEGAL HEIR-SHIP CERTIFICATE IS NOT ISSUED BY APPROPRIATE AUTHORITIES

(TO BE TYPED ON A NON JUDICIAL STAMP PAPER OF Rs.100/- AND TO BE EXECUTED BEFORE JUDICIAL MAGISTRATE)

I/We, \_\_\_\_\_  
S/o, D/o, W/o \_\_\_\_\_  
Resident of \_\_\_\_\_

Hereby affirm and declare on oath as under

- 1) That Shri / Smt. \_\_\_\_\_  
(Name of deceased), expired on \_\_\_\_\_ at \_\_\_\_\_
- 2) That the deceased died intestate.
- 3) That at the time of death, the deceased left surviving him/her/the following persons, according to law by which he/she/they is/are governed, is/are the only legal heir(s) of the Deceased entitled to succeed to the estate of the Deceased on a intestate succession.

NAME	RELATIONSHIP	AGE	SIGN OF LEGAL HEIR
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

- 4) That Master/Kumari \_\_\_\_\_ is/are Minor(s) and he/ she /they is/are under the guardianship of Shri/ Smt. \_\_\_\_\_ who is / her / their \_\_\_\_\_ (mention relationship)
- 5) That there is/are no other legal heir(s) except those mentioned above.
- 6) I/ we make this affidavit to enable the companies whose shares are standing in the name of the deceased, transmit/ register in my /our name.
- 7) I/ we undertake to indemnify the companies concerned, incase they sustain any loss due to claim, if any by third parties, on the said shares.

Solemnly Stated at \_\_\_\_\_ (Place)

On this \_\_\_\_\_ day of \_\_\_\_\_ 20....

(Deponent/s)

Official Stamp of

Before me,

## TRANSMISSION FORM

ABS Consultant Pvt.Ltd  
 "Stephen House", 6<sup>th</sup> Floor  
 Room No.99, 4, BB.D.Bag(East)  
 Kolkata-700001

Doc.No. 

## APPLICATION FORM FOR TRANSMISSION

PLEASE FILL UP IN CLEAR BLOCK LETTERS

(A) NAME OF THE COMPANY :

(B) REGISTERED FOLIO NO. :  (the folio is mentioned on the front /reverse of the certificate).

(C) NAME OF THE HOLDER(S) (As endorsed on certificate(s))

## FULL NAMES OF HOLDERS

(1)	_____
(2)	_____
(3)	_____

(D) PARTICULARS OF SHARES (if provided is insufficient, then continue reverse)

CERTIFICATE NO.	DISTINCTIVE NOS.	NO. OF SHARES

(E) TOTAL NO. OF SHARES 

(F) TO BE TRANSMITTED IN FAVOUR OF

Name	Occupation	F/H Name

(G) FULL ADDRESS OF FIRST HOLDER

SIGNATURE(S)

_____	(1) _____
_____	(2) _____
_____	(3) _____
_____ PINCODE _____	



(H) TICK THE TYPE DOCUMENTS SUBMITTED

Sl.No.	Type of Document Submitted	Mark Here
(1)	Death Certificate	(1) (4)
(2)	Succession Certificate	
(3)	Probate of the Will	(2) (5)
(4)	Letters of Administration	
(5)	Marriage Certificate	(3) (6)
(6)	Any other, Viz.	

Witness Name : \_\_\_\_\_

Address : \_\_\_\_\_

Occupation : \_\_\_\_\_

(J) BUYER REG.FOLIO

(K) DELIVERY TYPE (Tick relevant box)

COUNTER  POST

FOR OFFICE USE ONLY

DOC. Reg. No.

Date of Reg.

Initial of the employee who has registered the document

(L) SPECIMEN SIGNATURE(S)

(1)	_____
(2)	_____
(3)	_____

PARTICULARS OF SHARE CERTIFICATE(S) (continued from front)

CERTIFICATE NO.	DISTINCTIVE NOS.	NO. OF SHARES

<b>FOR OFFICE USE SPACE FOR ANY SPECIAL REMARKS</b>