**Request for Transmission of Securities by Nominee or Legal Heir**

(For Transmission of securities on death of the Sole holder)

**ISR 5**

To:

# The Listed Issuer/RTA,

(Address)

# (Name of the Listed Issuer/RTA)

|  |
| --- |
| **Name of the Claimant(s)**Mr./Ms. |
| Name of the Guardian  *in case the claimant is a minor* Date of Birth of the minor\*Mr./Ms. 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 (please specify) | Resident Minor (through Guardian) | NRI |  PIO |  Others |

*\*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\*\*** |
| 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 | % ofClaim**@** |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |

***@****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 -** |

|  |
| --- |
| **Email Address** |

**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: StatePIN | | | | | | |

# Bank Account Details of the Claimant

|  |
| --- |
| Bank Name |
| Account No.| | | | | | | | | |  |  |  |  |  |  | |11-digit IFSC | | |
| A/c. Type ( )| | | | | | | | SB | Current | NRO | NRE | FCNR | | | 9-digit MICR No.| | |
| Name of bank branch |
| CityPIN | | | | | | |

*Please attach &* tick **OR **

*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** ( ) 25 Lacs-1crore  >1 crore | Below 1 Lac |  1-5 Lacs |  5-10 Lacs |  10-25 Lacs  |

# FATCA and CRS information

|  |
| --- |
| Country of Birth Place of Birth Nationality  |
| Are you a tax resident of any country other than India? Yes  NoIf 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/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.

Signature of Claimant(S)

Place Date

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

Can  Statement/Passbook

 Nomination Form duly completed

Annexure D - Individual Affidavits given EACH Legal Heir Original security certificate(s)

Annexure E - Bond of Indemnity furnished by Legal Heirs Annexure F - NOC from other Legal Heirs

