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)

(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 ☐ 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****
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)			
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: State PIN

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	
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)

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 _____ Place of Birth _____ 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/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)

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 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

***Note**: **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.**