

**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)<br>Mr./Ms  |
| Name of the Guardian <input type="checkbox"/> <i>in case the claimant is a minor</i> → Date of Birth of the minor*<br>Mr./Ms   |
| Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*  |
| [Multiple PAN may be entered] 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 –

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 <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<br><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 _____ (Please specify) |
| 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)   |
| Gross Annual Income (₹) <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 _____<br>Nationality _____  |                                 |                                 |                     |  |  |  |  |  |  |  |  |  |
|---|---------------------------------|---------------------------------|---------------------|--|--|--|--|--|--|--|--|--|
| Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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 |                                 |                                 |                     |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Country</th> <th>Tax-Payer Identification Number</th> <th>Identification Type</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>       | Country                         | Tax-Payer Identification Number | Identification Type |  |  |  |  |  |  |  |  |  |
| Country   | Tax-Payer Identification Number | Identification Type             |                     |  |  |  |  |  |  |  |  |  |
|   |                                 |                                 |                     |  |  |  |  |  |  |  |  |  |
|   |                                 |                                 |                     |  |  |  |  |  |  |  |  |  |
|   |                                 |                                 |                     |  |  |  |  |  |  |  |  |  |

**Nomination<sup>@</sup> (Please tick/one of the options below)**

|   |
|---|
| <input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)   |
| <input type="checkbox"/> 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 _____ | Signature of Claimant(s) |
| 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
- 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.