To: The Listed Issuer/RTA, (Address)

(Name of the Listed Issuer/RTA)

Name of the Claimant(s)	
Mr./Ms.	
Name of the Guardian \Box in case the claimant is a minor \rightarrow Date of Birth of the data of Birth of	ne minor*
Mr./Ms	
Relationship with Minor: Generation Father Generation Mother Generation Court Appointed Gua	ardian*
[Multiple PAN may be entered] PAN (Claimant(s)/Guardian):	
Tax Status: Resident Individual Resident Minor (through Guardian) NRI (please specify)	□ PIO □ Others
*Please attach relevant proof	
I/We, the claimant(s) named hereinabove, hereby inform you about the de mentioned Securities Holder(s) and request you to transmit the securit deceased holder(s) in my/our favour in my/our capacity as –	
□ Nominee □ Legal Heir □ Successor to the Estate of the deceased the Estate of the deceased	□Administrator of
Name of the deceased holder(s)	Date of demise**
1)	DD / MM / YYYY
2)	

**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)		Occurrites	Claim
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 th	e Claimant (s) [Provisior	n for multiple entries may be made]
Mobile No.+91	Tel. No	b. 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 o	f the Claimant	
Bank Name		
Account No.		11-digit IFSC
A/c. Type (∠) □SB □Curi	rent ONRO ONRE OFCNR	9-digit MICR No.
Name of bank branch		
City PIN		
Place attach & tick / DC	ancollad chaqua with claimant's nam	o printed OP Claimant's

Please attach & tick <a>\lambda Cancelled cheque with claimant's name printed OR <a>\lambda 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 \checkmark whichever is applicable)

Occupation Private Sect Business Professional	or Service Dublic Sector Service	Government Service
□Agriculturist □Retired □H	lome Maker Student Forex Dea (Please specify)	ler 🗆 Others
The Claimant is a Politica Person Neither (Not appli	ally Exposed Person	a Politically Exposed
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	y country other than India? Yes	□No
· •	e countries in which you are resident cation Number and its identification to	
Country	Tax-Payer Identification Number	Identification Type

Nomination[@] (Please \checkmark one of the options below)

□ I/We **DO NOT** wish to make a nomination. (*Please tick* \checkmark *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		autho	orize
		Name	of	the
my holdings in the	TA to provide/ share any of the information provided by (Name of the Company) to any governmental or states as required by law without any obligation of informing	atutory	or jud	dicial
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

*<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.