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 second sec	he minor*	
Mr./Ms.		
Relationship with Minor: General Father General Mother Court Appointed Gua	ardian*	
[Multiple PAN may be entered] PAN (Claimant(s)/Guardian):	_	
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 secu	irities 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	
** Places attack contined convert Death Contificate	1	

**Please attach certified copy of Death Certificate.

Securities(s) & Folio(s) in respect of which Transmission of securities is being requested

			% of
Name of the Company	Folio No.	Securities	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 2

City:

State PIN

Bank Account Details of the Claimant

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 <a>\lambda Cancelled cheque with claimant's name printed **OR** <a>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	or Service			
□Agriculturist □Retired □Home Maker □ Student □Forex Dealer □ Others (Please specify)				
The Claimant is \Box a Politically Exposed Person \Box Related to a Politically Exposed Person \Box 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? 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 \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 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.