

**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)

<b>Name of the Claimant(s)</b> Mr./Ms. _____	
Name of the Guardian <input type="checkbox"/> <i>in case the claimant is a minor</i> →	Date of Birth of the minor* 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 <sup>@</sup>
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 _____	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.

