

**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*
<b>[Multiple PAN may be entered]</b> 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]**

<b>Mobile No. +91</b>	<b>Tel. No. STD -</b>
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**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 (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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)

<b>Occupation</b> <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 <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)
<b>Gross Annual Income</b> (₹) <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 _____	
Nationality _____		
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> I/We <b>DO NOT</b> wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> 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.