## 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 Liste	d Issu	er/RTA)		
Name of the Claimant(s) Mr./Ms.	•			,		
Name of the Guardian   in case the clair	mant is a minor -	→ Date of B	irth of tl	ne minor*		
Mr./Ms						
,		Court Appoint	ted Gua			
[Multiple PAN may be entered] PAN (Clair Acknowledgment attached ☐ KYC form attack Tax Status: ☐ Resident Individual ☐ Resident Ind	ached	•	□NRI	□ KY	C □ Others	
(please specify)	one will or (unlock	gii Gaaralari,		<b>-</b> 1 10		
*Please attach relevant proof						
I/We, the claimant(s) named hereinabore mentioned Securities Holder(s) and reduceased holder(s) in my/our favour in the late of the deceased	equest you to my/our capacity	transmit the as –	e secu	ırities he		
Name of the deceased holder(s)				Date of demise**		
1)				DD / M	M / YYYY	
2)					DD / MM / YYYY	
3)					DD / MM / YYYY	
**Please attach certified copy of Death C	Certificate.					
Securities(s) & Folio(s) in respect of w requested		ssion of sec	urities	is bein	g	
Name of the Company		Folio No.	1 -	No. of curities	% of Claim@	
1)						
2)						
3)						
4)						
@As per Nomination OR as per the N Administration/ Legal Heirship Certificate if applicable.						
Contact details of the Claimant (s) [Pro	ovision for mu	Itiple entrie	s may	be mad	e]	

Email Address		
Address (Please note tha KYC Registration Agency rec	t address will be updated as per cords)	address on KYC form /
Address Line 1		
Address Line 2		
City:	State PIN	
<b>Bank Account Details of the</b>	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		
	elled cheque with claimant's nam	•
Bank Statement/Passbook (d	luly attested by the Bank Manage	er)
	e UNCLAIMED amounts, if any	
securities holder(s) by direct	ct credit to the bank account m	entioned above.
Additional KYC information	ı (Please tick√ whichever is appli	cable)
Occupation □ Private Sect □ Business □ Professional	tor Service □Public Sector Serv	rice □Government Service
□Agriculturist □Retired □H	lome Maker □ Student □Forex (Please specify)	Dealer □ Others
The Claimant is □ a Politica Person □ Neither (Not appl	ally Exposed Person    Relate icable)	ed to a Politically Exposed
Gross Annual Income (₹) 25 Lacs-1crore □ >1 crore	□Below 1 Lac □1-5 Lacs □ 5	5-10 Lacs □10-25 Lacs □
FATCA and CRS informatio		
Country of BirthPlace of Birth		
Nationality		
If Yes, please mention all the	y country other than India? ☐ e countries in which you are resid ication Number and its identificati	lent for tax purposes and the
Country	Tax-Payer Identification Number	
,	,	) [-

Nomination <sup>®</sup> (Please √ o	one of the options bel	ow)			
□ I/We <b>DO NOT</b> wish to nominate anyone)	make a nomination.	(Please tick √ if yo	ou do not wish to		
described in the <b>attac</b> folio in the event of m	hed Nomination For y / our death.	m to receive the s	rson/s more particularly ecurities held in my/our		
@ Guardian of a minor is	not allowed to make a	a nomination on be	half of the minor		
Declaration and Signatu I/We have attached here attached Ready Reckone	with all the relevant		ents as indicated in the		
I/We confirm that the info knowledge and belief.	ormation provided ab	ove is true and c	orrect to the best of my		
I/We	undertake	to	keep (Name of the		
Company) / its RTA information in the company) / its RTA information future and also undertake the RTAs.			the above information in		
I/We	hereby		authorize (Name of the		
Company) and its RTA to my holdings in the (Namauthorities/agencies as resame.	e of the Company) to	o any government	ovided by me/us including al or statutory or judicial		
Place					
Date					
	Sigr	Signature of Claimant <sub>(S)</sub>			
Documents Attached  □ Copy of Death Certificate □ Copy of Birth Certificate □ Copy of PAN Card of Coopy of PAN Card of PAN Card of PAN Coopy of PAN Card of PAN C	e (in case the Claiman laimant / Guardian DR claimant's name print completed Affidavits given EACl ate(s) ndemnity furnished by	ed OR   H Legal Heir	Claimant's Bank		

\*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.