

**TRANSMISSION OF SECURITIES OF DECEASED HOLDER[S]**

**[Please refer SEBI Circular No. SEBI/HO/MIRSD/MIRSD RTAMB/P/CIR/2022/65 dated 18<sup>th</sup> May, 2022]**

Read carefully the instructions before filling in the enclosures

The enclosures are:

AFFIDAVIT	‘A’
INDEMNITY	‘I’
NO OBJECTION CERTIFICATE	‘N’
TRANSMISSION FORM	‘ISR-5’

**Sequence of steps to be followed:**

1. Affidavit, Indemnity and No Objection Certificate should be franked or may be affixed with Special Adhesive Stamps or the text may be reproduced on Non-Judicial Stamp Paper in the denomination[s] given below:
  - Rs. 100/- on Affidavit ‘A’
  - Rs. 500/- on Indemnity ‘I’
  - Rs. 100/- on No Objection Certificate ‘N’before filling and signing these forms [refer item ‘a’ below].
2. Fill in Affidavit – ‘A’ but do not sign now [refer item 6].
3. Fill in Indemnity ‘I’ but do not sign now [refer item 6].
4. Fill in No Objection Certificate ‘N’ but do not sign now [refer item 7].
5. Recheck that all the documents are completely filled.
6. Legal heir[s] / claimant(s) should sign on the Affidavit, Indemnity in the presence of the Notary Public.
7. Non-claimant(s) should sign on the No Objection Certificate in the presence of the Notary Public / Gazetted Officer.
8. Fill in No Objection Certificate for each legal heir(s) who do not wish to claim title to the securities and get their signature[s] on the form, attested by Notary Public / Gazetted Officer **or** submit copy of Family Settlement Deed executed by all the legal heirs of the deceased, duly attested by Notary Public / Gazetted Officer.
9. Fill in the transmission request form – Form ISR-5.
10. Kindly submit self attested copy of PAN Card[s] of all legal heir(s) / claimant(s) issued by the Income Tax Department and address proof of all legal heir(s) / claimant(s) and the original security certificates.
11. Please ensure that all KYC documents of the legal heir(s) / claimant(s) are registered with the Company as per SEBI Circular dated 3<sup>rd</sup> November, 2021, which became effective from 1<sup>st</sup> January, 2022, as per ISR-1, SH-13/ Form ISR-3.

**SPECIAL INSTRUCTIONS**

**AFFIDAVIT ‘A’ & INDEMNITY ‘I’**

- a) The Non-Judicial Stamp Paper must be purchased in the name of the legal heir(s) / claimant(s). The date of execution of Affidavit / Indemnity should be within six months from the date of purchase of Non-Judicial Stamp Paper.
- b) Signature[s] of the legal heir(s)/ claimant(s) must be attested by a Notary Public. Date of execution of Affidavit & Indemnity and date of attestation by attesting authority should be same.
- c) Name and full address of Notary Public must be mentioned. The Notary Public should affix their seal, notarial fee stamps and mention Registration number along with Book No. and Serial No. against notarization on Affidavit and Indemnity.
- d) All the pages of Affidavit and Indemnity must be signed by the legal heir(s) / claimant(s).
- e) Individual Affidavits to be given by **all** the Legal Heirs OR Legal Heirs named in Succession Certificate/ Probate of Will/ Will/ Letters of Administration/ Legal Heirship Certificate (or its equivalent certificate)/Court Decree.
- f) Indemnity to be furnished jointly by all legal heir(s) including claimant(s).

**NO OBJECTION CERTIFICATE ‘N’**

- g) The Non-Judicial Stamp Paper must be purchased in the name of the non-claimant(s). The date of execution of No Objection Certificate should be within six months from the date of purchase of Non-Judicial Stamp Paper.
- h) This Certificate must be furnished by each legal heir(s) who do not wish to claim title to the security(ies), as per draft given.
- i) Signature[s] of the legal heir(s) who do not wish to claim title to the security(ies), must be witnessed by the Notary Public / Gazetted Officer.
- j) Name and full address of the attesting authority must be mentioned. The attesting authority should affix their seal. Name and full address of Notary Public must be mentioned. The Notary Public should affix their seal, notarial fee stamps and mention Registration number along with Book No. and Serial No. against notarization on Affidavit and Indemnity.

**Individual Affidavits to be given by ALL the Legal Heirs OR Legal Heirs named in Succession Certificate/ Probate of Will/ Will/ Letters of Administration/ Legal Heirship Certificate\*(or its equivalent certificate)/Court Decree**

**[To be executed on Non-Judicial Stamp Paper of 100/-or affix Special Adhesive Stamps or franked with equivalent amount. The Non-Judicial Stamp Paper must be purchased in the name of the legal heir. The date of execution of Affidavit should be within six months from the date of purchase]**

**AFFIDAVIT**

‘A’

Before signing affix Rs.100/- Special Adhesive Stamp here/ or franked

I/ We \_\_\_\_\_ son / daughter of \_\_\_\_\_ residing at \_\_\_\_\_ do

hereby solemnly affirm and state on oath as follows:

That Mr. / Mrs. \_\_\_\_\_ (“the deceased holder[s]”) held the \_\_\_\_\_[Number of securities] under Folio no. \_\_\_\_\_ in \_\_\_\_\_(name of the company) in my/ our name as single holder / joint holder[s]:

That the above deceased holder(s) died intestate leaving behind him / her, the following persons as the only surviving heirs as per the Succession Certificate / Legal Heirship Certificate (or its equivalent certificate) / Court Decree dated \_\_\_\_\_ / according to the Law of intestate Succession by which he / she was governed at the time of his / her death and without registering any nominee\* OR

That the above deceased holder(s) died leaving behind the following persons as the legatees as per the Will / Probated Will / Letters of Administration dated \_\_\_\_\_and without registering any nominee.\*

A copy of the Succession Certificate\* / Probate of Will\* / Will\* / Letters of Administration\* / Legal Heirship Certificate (or its equivalent certificate) \*/ Court Decree\* is attached.

\*strike out whichever is not applicable

OR

That the above deceased holder(s) died leaving behind the following persons, without registering any nominee.

Name(s) of the Legal Heir(s)	Address and contact details	Age	Relation with the Deceased

That among the above legal heirs, Master / Kum. \_\_\_\_\_aged \_\_\_\_\_years is a minor and is being represented by Mr. / Ms. \_\_\_\_\_(name of Guardian) being his / her father / mother / legal guardian.

\_\_\_\_\_  
Signature of legal heir /Deponent

**VERIFICATION**

I/ We hereby solemnly affirm and state that what is stated herein above is true and correct and nothing has been concealed therein and that I /we am / are competent to contract and entitled to rights and benefits of the abovementioned securities of the deceased holder(s).

Solemnly affirmed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signed before me:

\_\_\_\_\_  
Signature of legal heir /Deponent

\_\_\_\_\_  
[Signature of Notary Public]

\_\_\_\_\_  
[Name and full address of Notary Public]

Registration No. \_\_\_\_\_

Notary Register at Book No. \_\_\_\_\_ Serial No. \_\_\_\_\_

Use space below to affix

Notarial Stamps	Official Seal of Notary Public
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**Bond of Indemnity to be furnished jointly by all Legal heir(s) including the Claimant(s)**

**INDEMNITY**

‘T’

Before signing affix Rs.500/- Special Adhesive Stamps here / or franked

I/We \_\_\_\_\_ do hereby solemnly affirm and state on oath as follows:  
 That Mr. /Ms. \_\_\_\_\_ [Name(s) of the deceased holder(s)] was holding in his/ her name, the following securities under Folio no. \_\_\_\_\_ in \_\_\_\_\_ (name of the Company):

Security Certificate No.	Distinctive Nos.		No. of securities
	From	To	

That the above deceased holder(s) died *intestate* on \_\_\_\_\_, without registering any nominee, leaving behind him/her the following person(s) as the only surviving legal heir(s), according to the laws of intestate succession applicable to him/her by which he/she was governed at the time of his/her death:

Name(s) of the Legal Heir(s) / Claimant(s)	Address and contact details	Age	Relation with the Deceased

OR

That the above deceased holder(s) died on \_\_\_\_\_, without registering any nominee, leaving behind him/her the following person(s) as the only surviving legal heir(s)/ claimant(s), according to the laws of testamentary succession.:

Name(s) of the Legal Heir(s) / Claimant(s)	Address and contact details	Age	Relation with the Deceased

Therefore, I/We, the Legal heir(s)/Claimant(s) and deponent(s) herein has/have, approached \_\_\_\_\_ (Name of the Company) with a request to transmit the above securities in the name of the undersigned Mr. /Ms. \_\_\_\_\_ (Name(s) of the legal heir(s) / claimant(s), on my/our behalf, without insisting on production of a Succession Certificate/ Probate of Will / Will/ Letters of Administration/ Legal Heirship Certificate or its equivalent or any Court order, for which we execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transmit the above securities to the name(s) of the undersigned Mr. /Ms. \_\_\_\_\_ [Name(s) of legal heir(s)/ claimant(s)], I / We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless, \_\_\_\_\_ [Name of the Company/ Issuer and RTA] and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which they may suffer and/or incur by reason of transmitting the securities as herein above mentioned, at my/our request to the undersigned Mr./Ms.. \_\_\_\_\_ (Name(s) of the legal heir(s) / claimant(s), without insisting on production of a Succession Certificate / Probate of Will / Will/ Letters of Administration/ Legal Heirship Certificate or its equivalent or any Court order.

IN WITNESS WHEREOF the said 1) Mr. /Ms. \_\_\_\_\_ ( Name and signature of the witness) And 2) Mr. /Ms. \_\_\_\_\_ ( Name and signature of the witness) have hereunto set their respective hands and seals this day of \_\_\_\_\_ Signed and delivered by the said legal heir(s)

Name(s) the Legal heir(s)	Signature(s) of the Legal heir(s)

At: \_\_\_\_\_ (name of place)

On: \_\_\_\_\_ (date)

\_\_\_\_\_  
[Signature of Notary Public]

\_\_\_\_\_  
[Name and full address of Notary Public]

Registration No. \_\_\_\_\_

Notary Register at Book No. \_\_\_\_\_ Serial No. \_\_\_\_\_

Use space below to affix

Notarial Stamps	Official Seal of Notary Public
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Before signing affix Rs.100/- Special Adhesive Stamps here / or franked

‘N’

**NO OBJECTION CERTIFICATE**

**No-Objection Certificate from the Legal heir(s) who do not wish to claim title to the securities**

**DECLARATION**

I/We, \_\_\_\_\_ the legal heir(s) of late Mr. / Ms. \_\_\_\_\_ [name of the deceased holder(s)] declare as follows –

- i. That the above named deceased holder(s) was holding the following securities in his / her name as sole / joint holder(s) under Folio no. \_\_\_\_\_ in \_\_\_\_\_ (name of the Company):

Security Certificate No.	Distinctive Nos.		No. of securities
	From	To	

- ii. That the deceased had died intestate on \_\_\_/\_\_\_/\_\_\_ and without registering any nominee.
- iii. That the following Claimant(s) has/have applied for the transmission of the above securities:

Name(s) of the Claimant(s)	Address and contact details	Age	Relation with the Deceased

- iv. That I / We \_\_\_\_\_ are the legal heir(s) of the deceased holder(s), apart from the claimant(s) who has/ have applied for transmission of the above securities and our details are as follows:

Name(s) of the Legal heir(s)	Address and contact details	Age	Relation with the Deceased

- v. I / We \_\_\_\_\_ hereby declare that, I / we do not desire to make any claim in respect of the title to the above securities held by the deceased and I / We \_\_\_\_\_ hereby wilfully relinquish & renounce all my /our rights in respect of the above securities and shall have no legal claim upon said securities in future.
- vi. Accordingly, I / We \_\_\_\_\_ declare that I / We \_\_\_\_\_ have NO OBJECTION WHATSOEVER in \_\_\_\_\_ (Name of the Company) transmitting the above securities in favour of the Claimant(s) Mr. / Ms. \_\_\_\_\_
- vii. I / We \_\_\_\_\_ hereby state that whatever is stated herein above are true to the best of my/our knowledge and nothing has been concealed therein.

Name(s) and Signature(s) of Legal heir(s) who are Non – Claimant(s):

- 1)
- 2)
- 3)

**VERIFICATION**

I/ We \_\_\_\_\_ hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned securities.

Solemnly affirmed at \_\_\_\_\_

Deponent(s) (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed in presence of

\_\_\_\_\_  
Signature of Notary Public / Gazetted Officer]

Name & full Address of Notary Public /Gazetted Officer with their seal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ PIN \_\_\_\_\_

The Notary Public should mention his/ her name, full address, registration number, book no. and serial no. against the notarization and affix their seal and notarial stamps.

**Request for Transmission of Securities by Nominee(s) or Legal heir(s)**  
(For Transmission of securities on death of the Sole / all holder[s] )

**ISR - 5**

To:

**The Listed Issuer/RTA,**

\_\_\_\_\_ (Name of the Listed Issuer/RTA)

<b>Name(s) 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) <i>*Please attach relevant proof</i>	
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 — <input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> Administrator of the Estate of the deceased	
<b>Name of the deceased holder(s)</b>	<b>Date of demise**</b>
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>

*@As per Nomination OR as per the Will/Probate/Succession Certificate/Letters 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.</b> +91                     <b>Tel. No.</b> STD -
<b>Email Address</b>

**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<sup>®</sup>** (Please  one of the options below)

<input type="checkbox"/> I/We <b>DO NOT</b> wish to make a nomination. (Please tick <input checked="" type="checkbox"/> if you do not wish to nominate anyone)
<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(s) of the deceased holder(s), duly attested
- Copy of Birth Certificate (in case the Claimant is a minor), duly attested
- Copy of PAN Card(s) of all Claimant(s) / Guardian, self attested
- KYC Acknowledgment OR
- KYC form of Claimant
- Original cancelled cheque with claimant's name printed **OR** Claimant's Bank Statement/Passbook duly attested by Bank Manager
- Nomination Form [SH-13] / Form ISR-3 duly completed
- Individual Affidavits given by EACH Legal Heir(s)
- Original security certificate(s)
- Bond of Indemnity furnished by all Legal Heir(s) including claimant(s)
- NOC from other Legal Heir(s)

**\*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.