

Annexure-16

Request for Transmission of Securities by Nominee or Legal Heir
(For Transmission of securities on death of the Sole holder)

To:

The Listed Issuer/RTA,
(Address)

_____ (Name of the Listed Issuer/RTA)

Name of the Claimant(s) Mr./Ms _____	
Name of the Guardian <i>in case the claimant is a minor</i> →	Date of Birth of the minor* Mr./Ms _____
Relationship with Minor: Father Mother Court Appointed Guardian*	
[Multiple PAN may be entered] PAN (Claimant(s)/Guardian): <input type="text"/> KYC 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 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@
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		
	Professi onal		
	Agriculturist	Retired	Home Maker
			Student
			(Please specify)
			Forex Dealer
			Others
The Claimant is	a Politically Exposed Person	Related to a Politically Exposed	
Person	Neither (Not applicable)	Person	
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)

<input type="checkbox"/> I/We DO NOT 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 attached Nomination Form to receive the Units held 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 14](#).

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

- | | |
|--|--|
| <input type="checkbox"/> Copy of Death Certificate of the deceased holder
(in case the Claimant is a minor) | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Copy of PAN Card of Claimant / Guardian
OR <input type="checkbox"/> KYC form of Claimant | <input type="checkbox"/> KYC Acknowledgment |
| <input type="checkbox"/> Cancelled cheque with claimant's name printed OR
Statement/Passbook | <input type="checkbox"/> Claimant's Bank |
| <input type="checkbox"/> Nomination Form duly completed | |
| <input type="checkbox"/> Annexure 17 - Affidavits to be given by Legal Heirs | |
| <input type="checkbox"/> Annexure 18 - Bond of Indemnity | |
| <input type="checkbox"/> Annexure 19 - NOC from other Legal Heirs | |