(-SEBI Circular :SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/65 Dated: May 18, 2022 Simplification of procedure and standardization of formats of documents for transmission of securities)

Request for Transmission of Securities by Nominee(s) or Legal Heir(s)

(For Transmission of Securities on Death of the Sole / All Holder[s])

Annexure-C ISR – 5

To, (Issuer/RTA),				Date :	/ /
ick [/] wherever applicable). / We are submitting the following docume We undertake to submit the Letter of Co suance, failing which the securities shall be	nfirmation(LC credited to th	OC) with the Depository Par ne Suspense Escrow Demat A	rticipant within ccount of the C	120 days	
I/We are enclosing physical certificate(s) as Name of the Issuer Company:-	detailed belov	w for effecting Transmission		olio:-	
Face value of Securities:-		Number of Secu			
Start- Certificate-No. End- Certificate	te-No. Distinctive Nos	Start-Distinctive-No.	End-Distinctiv	/e-No.	No. of Securities
Kindly attach separate sheet as per above		 formation pertaining to add	litional certific	ate numbe	rs/Folio(s), if a
Nominee Legal Heir Successor Name of the deceased holder(s)	to the Estate o	f the deceased	ninistrator of the	Date o	f demise @
2)				DD/N	IM / YYYY
3)				DD/N	IM / YYYY
@ Please attach duly notarized copy of de	eath certificat	te, OR Original death certif	icate.		
Contact Details of the First Claimant: Mobile No. (+91)		Tel. No. STD-			
Email Address:	' ' ' '				
Demat Account** NSDL [IN-	_] CDSL - [_]
** Provide Client Master List (CML) as provi	ded by the Dep	oository Participant, if available	e, in the order of	claimant(s)	as stated below
Name(s) of the Claimant(s):					
Mention Full Name of the Claimant(s).	[Please	e use capital letters]	PAN	1 ^	% of Claim @
1. 2.					
3.					
4. Fax Status : □ Resident Individual □ Res	idout Bainou (t	husush Guardian) 🖂 NDI	│ □ PIO □	l Othore (-l
Name of the Guardian in case the cla				others ()	Date of Birth
	uimunt is a m	mor -> Date of Birth of th	e minor ·		
Mr/Ms Relationship with Minor: □ Father □	☐ Mother	☐ Others / Court Appoint	- d Cd:*		DD/MM/ YYYY
Provide self attested copies of PAN. As per Nomination OR as per the Will/Prob equivalent certificate)/ Court Decree, if app. Attach KYC acknowledgment letter for the I	ate/Succession licable.	Certificate/Letters of Adminis	*tration/ Legal H	eirship Cert	h relevant proof iificate (or its
Bank Account Details of the First-Clair	nant:				
Bank Name :					
Account No:			igit IFSC:		
A/c. Type () SB Current NR	O □ NRE [☐ FCNR 9-digit N	MICR No:		
Name of bank branch :			DIM.		
City: Jeose attach & tick [/] First claimant's (Cance	elled chemic with	name printed OR T Rank States	PIN:	uly attacted by	v the Rank Mana



Additional KYC Information of the First Claimant (Please tick ✓ whichever is applicable)							
Occupation: Private Sector Ser	vice 🗆 Public Sector Servi	ice Government Ser	vice DBusin	ess			
☐ Agriculturist ☐ Retired ☐ Hon	ne Maker □Student □Fo	rex Dealer 🗆 Others _					
The Claimant is a Politically Expo	sed Person Related to a l	Politically Exposed Perso	(Please spe				
Gross Annual Income)							
37000 11111 111 1110 1110) = 2410 H		10 20 20 20 20					
FATCA and CRS information of the Country of Birth		3irth					
Nationality		5hth					
Are you a tax resident of any country other than India? \(\subseteq \text{Yes} \subseteq \text{No} \) If Yes, please mention 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 N	Jumber	Identification Type				
,	•						
Nomination [®] (Please ✓ one of the o	ptions below)						
☐ I/We DO NOT wish to make a no	mination. (Please tick ✓ if you	do not wish to nominate a	inyone)				
☐ I/We wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form SH-13 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 beha	lf of the minor					
Declaration & Signature of the Claim I/We have attached herewith all the re-		indicated in the attached <u>R</u>	eady Reckoner	as per Annexure A.			
I/We confirm that the information pro-	vided above is true and correct	to the best of my knowleds	ge and belief.				
I/We undertake to keepany changes/modification to the above required by the RTAs.	e information in future and also	(Name of o undertake to provide any	the Company) / other additiona	its RTA informed about al information as may be			
I/We hereby authorize				and its RTA to provide/			
share any of the information provided or judicial authorities/agencies as requ				overnmental or statutory			
or judicial authorities/agencies as required by law without any obligation of informing me/us of the same. I/We 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 as per the Bank Details mentioned hereinabove.							
			securities hold	ler(s) by direct credit to			
	etails mentioned hereinabove			•			
the bank account as per the Bank Do	etails mentioned hereinabove		e the RTA to updat	•			
the bank account as per the Bank De Particulars of the Claimant(s): All the above	etails mentioned hereinabove facts and documents as enclosed are tr	ue and correct and I/We authorize	e the RTA to updat	e the same.			
Particulars of the Claimant(s): All the above First Claimant	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant Sample William Street Claimant PIN	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant Salary Salary	facts and documents as enclosed are tr Second Claimant	ue and correct and I/We authoriz Third Cl	e the RTA to updat	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant Salary Pin Pin Place: Some of the forms have	facts and documents as enclosed are tr Second Claimant Documents Atte Hyperlink- Click to download	ue and correct and I/We authoriz Third Cl S ached: ad the required forms as	e the RTA to updat aimant Date :	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant Salabert Particulars of the Claimant(s): All the above First Claimant PIN Place:	facts and documents as enclosed are tr Second Claimant Documents Atte Hyperlink- Click to download	ached: ad the required forms as	e the RTA to updat aimant Date :	e the same. Fourth Claimant			
Particulars of the Claimant(s): All the above First Claimant Substitute of the Claimant(s): All the above First Claimant Place: Some of the forms have Copy of Death Certificate(s) of the attested Copy of PAN Card(s) of all Claimant	Pocuments Atte Hyperlink- Click to downlo	ached: ached: ached: ached: ached: ad the required forms as Copy of Birth Certificatily attested KYC Acknowledgment	Date: per the below cate (in case the ent OR KYC for	list: Claimant is a minor), orm of Claimant			
Particulars of the Claimant(s): All the above First Claimant Supply PIN Place: Some of the forms have attested Copy of PAN Card(s) of all Claimant Original cancelled cheque with claimant Claimant's Bank Statement/Passbo	Documents Atte Hyperlink- Click to downlodeceased holder(s), duly nt(s) / Guardian, self attested mant's name printed OR	ached: ad the required forms as Copy of Birth Certific duly attested	Date: per the below cate (in case the ent OR KYC for	list: Claimant is a minor), orm of Claimant			
Particulars of the Claimant(s): All the above First Claimant Place: Some of the forms have attested Copy of PAN Card(s) of all Claimant Original cancelled cheque with claimant	Documents Atte Hyperlink- Click to downlod deceased holder(s), duly mt(s) / Guardian, self attested mant's name printed OR ok duly attested by Bank CH Legal Heir(s)	ached: ached: ached: ached: ached: ad the required forms as Copy of Birth Certificatily attested KYC Acknowledgment	Date: per the below cate (in case the ent OR KYC for H-13] duly comificate(s)	list: Claimant is a minor), orm of Claimant			

*Note: For transmission service request, Form ISR-4 as per SEBI Circular SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR /2022/8 dated January 25, 2022 will not be required.

