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

# (For Transmission of securities on death of Sole Holder where NO NOMINATION has been registered)

Each Deponent (legal heir) shall sign separate Affidavits.

(To be executed on a non-judicial stamp of Rs 10/- and Notarized)

l,		Son	/daughter
residing			at
do h	ereby solemnly at	ffirm and state on oat	_ th
as follows. That Mr. /Mrs		@ ("the	Э
deceased holder") held the following sholder:	securities in his /	her name as single	9
Company Name	Folio No.	No. of securities h	neld
1)			
2)			
3)			
☐ That the aforesaid deceased holder following persons as the only surviving Heirship Certificate(or its equivalent of the Law of IntestateSuccession by windeath and without registering any normal survivalent contents.	g heirs as per the ertificate)/CourtDe hich he/she was g	Succession Certifica ecree dated_/ acco	te/ Legal rding to
	OR		
☐ That the aforesaid deceased holder d legatees as per the Will/ Probated Wil registering any nominee. *			s as the without
A copy of the Succession Certi	ficate*/ Probate	of Will*/ Will*/ L	etter of

Administration\*/ Legal Heirship Certificate\*(or its equivalent certificate)\*/ Court

Decree\* is attached herewith.

	Name of th Heir(s)	ne Legal	Address a	nd contact detail	s Age	Relation with the Deceased
1)						
2)						
3)						
Γhat Kum peing re	among	the Mr./Ms	aforesaid	_aged years	eirs, is a min ing his / h	
mothe	r / legal guardi	an.				
		24		Signa	ure of the	Deponent:
ghts and		ie aboveme		we I am competen urities ofthe deceas Signatu	sed.	Deponent:
			Signed be	efore me		
Р	lace:					
	ate :					
				Signature of Nota	•	 fficial Seal Regn. No.
#	strikeout which = Name of the = Name of the	legal heir		ne of the deceased	security l	holder

Note: To be executed in the presence of a Public Notary / Gazetted Officer

# Bond of Indemnity to be furnished jointly by all Legal Heir(s) including the Claimant(s) (To be submitted on Non-judicial Stamp Paper of Rs 50/-)

## [For Transmission of Securities on death of Sole Securities' Holder, where no nomination has been registered]

was holding the following

I/We do hereby solemnly affirm and state on oath as follows:

That Mr. /Ms.

securities:

Name of Company	the	Certificate No.	Distinctive No.	Folio No.	No. of securities held
1					
2			¥		
3					
4					

That the aforesaid deceased holder died *intestate* on \_\_\_\_\_\_, without registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, 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 of the Legal Heir(s)/Claimant(s)	Address and contact details	Age	Relationship with the Deceased
1			
2	-1		
3			
4			

OR

That the aforesaid deceased holder died on , without registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of testamentary succession.

Heir(s)/Claimant(s)	contact details	Deceased
1	II.	
2		
3		
Therefore, I/We, the Legal He		nt(s) herein has/have, approached ny/RTA) with a request to transmit
[Name(s) of the le	e name of the undersigned Mr gal	
Will / Letter of Administration	ng on production of a Success or any Court order, for which n relying on the information he	n we execute an indemnity
	my/our request to transfer/trar Mr. /Ms. [Name(s) of the lega	nsmit the above said securities to al heir(s)/claimant(s) ] #,
saved, defended, harmless, [ and assigns for all time here charges, expenses, damages of transferring the said secundersigned Mr./Mi heir(s)/claimant(s)]	Name of the Company/ Issuer after against all losses, costs s, etc., whatsoever which they urities as herein above men s. [Name(s)	indemnify and keep indemnified r and any RTA] and its successors r, claims, actions, demands, risks may suffer and/or incur by reason tioned, at my/our request to the of the lega#, without te of Will / Letter of Administration
N WITNESS WHEREOF the	said 1) Mr. /Ms.	ame and signature of the
And 2) Mr. /Ms. hereunto set their respective		the wilness#, have
Name the L	_egal Heirs	Signature of the Legal Heirs
1	X	Legarriens
2	м	
3	X	

(#) = Name of the claimant/s

Address and

Age Relationship

with

the

Name of the Legal

(\*) = Name of the deceased security holder

#### Signed before me

at:	
on	
Signature of Notary	
Official stamp & seal of the Notary	/ & Regn. No.:

#### Note: To be executed in the presence of a Public Notary / Gazetted Officer

[To be submitted in non-judicial stamp paper of Rs 50/-]

No-Objection Certificate from the Legal Heir(s)

# Format of NOC from other Legal Heir(s) for Transmission of Securities in favour of the Claimant(s) wherein the Sole Holder is deceased and NO NOMINATION has been registered

I/We, the legal heir(s) of late Mr. / Ms\_\_\_\_\_(name of the deceased holder)

declare as follows -

#### **DECLARATION**

(i) That the above named deceased holder was holding the following securities in his / her name as single holder:				
Name of the Company	Folio No.	No. of securities held		
1)				
2)				
3)				

- (ii) That the deceased had died intestate on  $\mathbb{D} \mathbb{D} / \mathbb{M} \mathbb{M} / \mathbb{Y} \mathbb{Y} \mathbb{Y}$  and without registering any nominee.
- (iii) That the following Claimant(s) has/have applied for the transmission of the aforesaid securities:

Name of the Claimant(s)	Address and contact details	Age	Relationship with the deceased
1)			
2)			
3)			

(iv) That I / We are the legal heir(s) of the deceased holder, apart from the Claimant(s)who has/ have applied for transmission of the aforesaid securities and our details are as follows:

Name of the Legal Heir(s)	Address an	d contact details	Age	Relationship with the deceased
1)	16			
2)				
3)				
the Claimant(s) Mr. / M  (vii)I / we hereby state that knowledge and nothing  Name(s) and Signature(s)  1) 2)	securities in future eclare that I / we he Company) tra ls. whatever is state g has been conce	e have NO OBJEC nsmitting the afores ed herein above are ealed therein.	TION V aid sec	VHATSOEVER in urities in favour of the best of my/our
3)				
	VERIFI	CATION		
We hereby solemnly affirm knowledge and nothing has and entitled to rights and be	been concealed	therein and that we	are co	
Solemnly affirmed at		·		
Deponent(s) (1)	(2)	(3)		

## 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) Name of the Claimant(s) Mr./Ms Name of the Guardian in case the claimant is a minor → 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): KYC Acknowledgment attached KYC form attached Tax Status: Resident Individual Resident Minor (through Guardian) NRI II PIO IIOthers II (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 -☐ 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) 2) 3) \*\*Please attach certified copy of Death Certificate. Securities(s) & Folio(s) in respect of which Transmission of securities is being requested No. of % of Claim@ Securities Name of the Company Folio No. 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. STO - 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 I I I I
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 ☐ Professional
☐ Agriculturist ☐ Retired ☐ Home Maker ☐ Student ☐ Forex Dealer ☐ Others (Please specify)
The Claimant is   a Politically Exposed Person   Related to a Politically Exposed Person   Neither (Not applicable)
Gross Annual Income (₹) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10 Lacs-25 Lacs 25 Lacs-1crore ☐ >1 crore
FATCA and CRS information
Country of Birth Place of Birth Nationality

on Number  ease tick √ if y  ominate the p receive the se  nination on be  ed documents  rue and correct	Identification Type  you do not wish to  person/s more particularly ecurities held in my/our  whalf of the minor  as as indicated in the attach ct to the best of my
ominate the preceive the se	you do not wish to  person/s more particularly ecurities held in my/our  whalf of the minor  as indicated in the attach ct to the best of my
ominate the preceive the senination on bear documents	person/s more particularly ecurities held in my/our whalf of the minor as indicated in the attach ct to the best of my
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receive the senination on be ed documents	half of the minor  as indicated in the attach  ct to the best of my
ed documents	as indicated in the attach
rue and corre	ct to the best of my
to	keep (Name of the
	he above information in ion as may be required by
	authorize
formation pro	(Name of the vided by me/us including
governmenta	al or statutory or judicial f informing me/us of the
of Claimant	3)
	5)
/ Y	, government

☐ 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	

<sup>\*</sup>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.