

| | |
|-----------------------------------|----|
| certificate(s) | 3. |
| Certificate numbers | |
| Distinctive numbers | |
| Number & Face value of securities | |

** Wherever applicable / whichever details are available

D. Document / details required for specific service request:

- I. Duplicate securities certificate
- II. Claim from Unclaimed Suspense Account

| | |
|--------------------|----------------------------|
| Securities claimed | (in numbers) (in words) |
|--------------------|----------------------------|

- III. Replacement / Renewal / Exchange of securities certificate
(that is defaced, mutilated, torn, decrepit, worn out or where the page on the reverse is fully utilized)
- IV. Endorsement
- V. Sub-division / Splitting of securities certificate
- VI. Consolidation of securities certificate/Folios
- VII. Transmission
- VIII. Transposition

Provide / attach original securities certificate(s) for request for item numbers III to VIII above.

Declaration: All the above facts stated are true and correct to best of my / our knowledge and belief.

| | Security Holder 1 / Claimant | Security Holder 2 | Security Holder 3 |
|--------------|---|---|---|
| Signature | ✓ | ✓ | ✓ |
| Name | ✓ | ✓ | ✓ |
| Full address | ✓ | | |
| PIN | ✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

After processing the service request, the RTA shall issue a 'Letter of Confirmation' to the securities holder/claimant, which is valid only for 120 days. Using this 'Letter of Confirmation', the securities holder/claimant shall request the DP to dematerialize the securities, failing which the securities shall be credited to the Suspense Escrow Demat Account of the Company.

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 <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="text"/> <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) | |

**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 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 10-25 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)

I/We **DO NOT** wish to make a nomination. *(Please tick ✓ if you do not wish to nominate anyone)*

I/We wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** 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 of the deceased holder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian
- KYC Acknowledgment OR
- 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

***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.