

## 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)

<b>Name of the Claimant(s)</b> 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*
<b>[Multiple PAN may be entered]</b> 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]**

<b>Mobile No. +91</b>	<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 (✓) 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)

<b>Occupation</b>	Private Sector Service	Public Sector Service	Government Service
	Business Professional	Agriculturist	Retired
	Student	Forex Dealer	Others (Please specify)
The Claimant is	a Politically Exposed Person	Related to a Politically Exposed	
	Person	Neither (Not applicable)	
<b>Gross Annual Income (₹)</b>	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

**Nomination<sup>@</sup>** (Please ✓ one of the options below)

<input type="checkbox"/> I/We <b>DO NOT</b> 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 <b>attached Nomination Form</b> 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.