Request for Transmission of Securities by Nomir (For Transmission of	nee or Legal Heir securities on death of the Sole holder)	1		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 ②in case the claimant is	s a minor→ Date of Birth of the mino	r*				
Mr./Ms.		•				
Relationship with Minor: 2 Father 2 Mother	er Court Appointed Guardian*					
[Multiple PAN may be entered] PAN (Claimant(s	• •	☑KYC Acknowledgment a	ttached	☑ KYC form at	tached	
Tax Status: Resident Individual Resident Mine						
*Please attach relevant proof	, ,					
I/We, the claimant(s) named hereinabove, here transmit the securities held by the deceased hol Nominee ©Legal Heir ©Successor to the Esta	lder(s) in my/our favour in my/our cap	acity as –		Holder(s) and	request you	
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 Certifica	te.					
Securities(s) & Folio(s) in respect of which Trans	mission of securities is being requeste	<u> </u>			1	
Name of the Company		Folio No.	No.	of Securities	% of Claim@	
1)						
2)						
3)						
4)						
@As per Nomination OR as per the Will/Prob equivalent certificate)/ Court Decree, if applicab		Administration/ Legal H	eirship (Certificate (or	its	
Contact details of the Claimant (s) [Provision for Mobile No.+91 Tel. No. S						
Email Address						
Address (Please note that address will be upde	ated as per address on KYC form / KYC	Registration Agency reco	ords)			
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.

ichever is applicable)					
ic Sector Service @Gov	ernment Service Business	2Profession	al		
udent ②Forex Dealer ①	Others		(Please specify)		
on@Related to a Politica	ally Exposed Person 2 Neith	ner (Not appli	cable)		
1-5 Lacs 25-10 Lacs 210-	-25 Lacs 25 Lacs-1crore 2>1	1 crore			
Place of I	Birth				
		ociated Taxpa	yer Identification Number and its		
Tax-Payer Identifica	entification Number		Identification Type		
elow)					
(Please tick √ if you do	o not wish to nominate anyo	one)			
ke a nomination on below t / required document above is true and correspond formation in future a	nalf of the minor s as indicated in the attached ect to the best of my knowled and also undertake to prove [1]	edge and beli Name of the ride any othe Name of the e Company)	ef. Company) / its RTA informed abouter additional information as may be Company) and its RTA to provide/		
	Signature of Claimant(s)				
mant is a minor) n printed OR ② C	aimant's Bank Statement/F	Passbook			
	lic Sector Service ②Govudent ②Forex Dealer ③ on②Related to a Politica 1-5 Lacs③ 5-10 Lacs⑤10- Place of E than India? ②Yes ② hich you are resident for Tax-Payer Identifica Plow) (Please tick ✓ if you dealer of the person of	lic Sector Service @Government Service @Business udent @Forex Dealer @ Others	ic Sector Service		

^{*}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.