

ISR-5 / Annexure - C

To

(name of the company with address)

<p>Name of the Claimant(s)</p> <p>1)</p> <p>2)</p> <p>3)</p>
<p>Name of the Guardian</p> <p><input type="checkbox"/> <i>in case the claimant is a minor</i> → Date of Birth of the minor*</p> <p>Mr./Ms. _____</p> <p>Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*</p>
<p>PAN (Claimant(s)/Guardian):</p> <p>1)</p> <p>2)</p> <p>3)</p> <p><input type="checkbox"/> KYC Acknowledgment attached</p> <p><input type="checkbox"/> KYC form attached</p>
<p>Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO</p> <p><input type="checkbox"/> Others (please specify)</p>

**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	Shares/Bonds	% Claim [@]

@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 id :	

Address (Please note that address will be updated as per address on KYC form / KYC Registration Agency records)

Address	
Address	
Address	
City:	State: Pin:

Bank Account Details of the Claimant

Bank Name :	
Account No.:	
11-digit IFSC:	
A/c. Type (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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)

<p>Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)</p>
<p>The Claimant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)</p>
<p>Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore</p>

FATCA and CRS information

<p>Country of Birth _____ Place of Birth _____ Nationality _____</p>		
<p>Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p>		
Country	Tax-Payer Identification Number	Identification Type

Nomination[@] (Please ✓ one of the options below)

<p><input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone) (Please attach Form ISR-3)</p>
<p><input type="checkbox"/> 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. (Please attach Form SH-13)</p>

[@] 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:

Date:

Signature of Claimant(s)

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 leaf with claimant's name printed (**OR**) Claimant's Bank Statement / Passbook
- Annexure D - Individual Affidavits given by **EACH** Legal Heir separately
- Original Share certificate(s)
- Annexure E - Bond of Indemnity furnished by all Legal Heirs
- Annexure F - NOC from Non-claimant Legal Heirs
- Nomination Forms - SH-13 (**OR**) ISR-3
- ISR-2