## Form ISR – 1

(see SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

REQUEST FOR REGISTERING PAN, KYC DETAILS OR CHANGES / UPDATION THEREOF

[For Securities (Shares / Debentures / Bonds, etc.) of listed companies held in physical form]

Date:\_\_\_/\_\_\_/

**A.** I / We request you to Register / Change / Update the following (Tick ✓ relevant box)

	Postal Address
Bank details	E-mail address
□ Signature	Mobile number
Demat Account details	

#### B. Security Details:

Name of the Issuer Company		Folio No.:
Name(s) of the Security	1.	
holder(s) as per the	2.	
Certificate(s)	3.	
Number & Face value of		
securities		
Distinctive number of	From	То
securities		

# **C.** I / We are submitting documents as per Table below (tick ✓ as relevant, refer to the instructions):

	$\checkmark$	Document /	Instruction / Remark	
		Information /		
		Details		
1	PA	N of (all) the (joint	) holder(s)	
		PAN		
		Whether it is Valid (linked to Aadhaar): □ Yes	<ul> <li>PAN shall be valid only if it is linked to Aadhaar by March 31, 2021*</li> <li>For Exemptions / Clarifications on PAN, please refer to Objection Memo in page 4</li> </ul>	

	🗆 No			
2	Demat Account			
	Number	Also provide Client Master List ( <b>CML</b> ) of your Demat Account,		
		provided by the Depository Participant.		
3	Proof of	Provide any one of the documents, only if there is change in the		
	Address of the	address;		
	first holder	• Client Master List (CML) of your Demat Account, provided by		
		the Depository Participant		
		<ul> <li>Valid Passport / Ration Card / Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill.</li> </ul>		
		<ul> <li>Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.</li> </ul>		
		• Identity card / document with address, issued by any of the following: Central/State Government and its Departments,		
		Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions.		
		• For FII / sub account, Power of Attorney given by FII / sub-		
		account to the Custodians (which are duly notarized and / or		
		apostilled or consularised) that gives the registered address should be taken.		
		<ul> <li>The proof of address in the name of the spouse</li> </ul>		
4	Bank details	Provide the copy of the bank statement with details of bank name,		
		branch, account number and IFS Code or copy of cheque leaf.		
		Alternatively, Bank details available in the CML will be updated in		
_		the folio.		
5	E-mail address	Alternatively the e-mail address available in the CML will be		
		updated in the folio		
6	Mobile			
		Alternatively the mobile number available in the CML will be		
		updated in the folio		
7	Specimen	• Provide banker's attestation of the signature of the holder(s)		
	Signature	as per Form ISR – 2 in SEBI circular		
		SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03, 2021) and		
		<ul> <li>Original cancelled cheque</li> </ul>		
8	Nomination**	<ul> <li>Providing Nomination: Please submit the duly filled up</li> </ul>		
		Nomination Form (SH-13) or 'Declaration to Opt out of		
		Nomination' as per Form ISR – 3, in SEBI circular		
		SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated		
		<ul> <li>November 03, 2021</li> <li>Change in Existing Nomination: Please use Form SH-14 in SEBI</li> </ul>		
		<ul> <li>Change in Existing Nomination: Please use Form SH-14 in SEBI circular SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03, 2021</li> </ul>		
		<ul> <li>Cancellation of Existing Nomination: Please use Form SH-14</li> </ul>		
		and Form ISR – 3		
L				

\* or any date as may be specified by the CBDT

\*\* Nomination (Form SH-13 or SH-14) / 'Declaration to Opt-Out of nomination' (Form ISR – 3), has to furnished by the holder(s) separately for each listed company.

#### Mode of submission of documents to the RTA

Please use any one of the following mode;

- 1. In Person Verification (**IPV**): by producing the originals to the authorized person of the RTA, who will retain copy(ies) of the document(s)
- 2. In hard copy: by furnishing self-attested photocopy(ies) of the relevant document, with date
- 3. Through e-mail address already registered with the RTA, with e-sign of scanned copies of documents
- 4. Service portal of the RTA with e-sign with scanned copies of documents, if the RTA is providing such facility

#### Note

- It is mandatory for holders of physical securities in listed company to furnish PAN, full KYC details (address proof, bank details, e-mail address, mobile number) and Nomination (for all the eligible folios).
- Upon receipt or up-dation of bank details, the RTA automatically, pay electronically, all the moneys of / payments to the holder that were previous unclaimed / unsuccessful.
- RTA shall update the folio with PAN, KYC details and Nominee, within seven working days of its receipt. However, cancellation of nomination, shall take effect from the date on which this intimation is received by the company / RTA.
- RTA shall not insist on Affidavits or Attestation / Notarization or indemnity for registering / up-dating / changing PAN, KYC details and Nomination.

Authorization: I / We authorise you (RTA) to update the above PAN and KYC details in my / our folio (s) \_\_\_\_\_\_, \_\_\_\_, in which I / We are the holder(s) (strike off what is not applicable).

	Holder 1	Holder 2	Holder 3
Signature	$\checkmark$	$\checkmark$	$\checkmark$
Name	$\checkmark$	$\checkmark$	$\checkmark$
Full postal address	$\checkmark$		

**Declaration:** All the above facts stated are true and correct.

PIN			
(Page 4 is for information to investors; print out of the same is not needed.)			

#### Objection Memo that can be raised by the RTA

(only if the relevant document / details is / are not available in the folio or if there is a mismatch / discrepancy in the same or change thereof)

#### Note

RTAs shall raise all objections, if any / at all, in one instance only; the RTA shall not raise further objections on the same issue again and again, after the holder / claimant furnishes all the prescribed documents and details, unless there is any deficiency / discrepancy in the same.

No.	ltem	Documents / Details to be provided to the RTA by the holder(s) / claimant(s)
1	PAN – Exceptions and Clarification	'Exemptions/clarifications to PAN', as provided in clause D to 'Instructions/Check List for Filing KYC Forms' in Annexure – 1 to SEBI circular No. MIRSD/SE/Cir-21/2011 dated October 05, 2011 on Uniform Know Your Client (KYC) Requirements for the Securities Market, shall also applicable for holder(s) / claimant(s) of securities held in physical mode.
2	Minor mismatch in Signature - minor	The RTA shall intimate the holder at the existing address, seeking objection, if any, within 15 days
3	Major mismatch in Signature or its non- availability with the RTA	<ul> <li>Banker's attestation of the signature of the holder(s) as per Form ISR – 2</li> <li>Original cancelled cheque</li> </ul>
4	Mismatch in Name	<ul> <li>Furnish any one of the following documents, explaining the difference in names;</li> <li>Unique Identification Number (UID) (Aadhaar)</li> <li>Valid Passport</li> <li>Driving license</li> <li>PAN card with photograph</li> <li>Identity card / document with applicant's Photo, issued by any of the following: Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions</li> <li>Marriage certificate</li> <li>Divorce decree</li> </ul>
5	Present address of the holder is not matching with the address available in the folio	<ul> <li>RTA shall issue intimation to both the old and new addresses.</li> <li>If the letters sent to either the old and or new addresses is / are undelivered or if there is an objection in response to this letter, then provide any one of the following;</li> <li>any one of the documents in row 3 in Table C, reflecting the old address or</li> <li>Counterfoil of dividend warrant received from the company or</li> <li>Bank statement showing the credit of previous dividend received The above procedure will be applicable for request for change in address of the holder also</li> </ul>

(Page 4 is for information to investors; print out of the same is not required)

### Form ISR – 2

(see circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

1.	Bank Nam	ne and Branch						
2. Bank contact details								
Postal Address								
	Phone nur E-mail ado							
	E-mail add	iress						
3.	Bank Acco	unt number						
у.	Burne / (CCO							
4.	Account o	pening date						
5.	Account h	older(s) name(s	5)		1)			
					2)			
					3)			
<u>ر</u>		to graph of the		-   -  ( - )	<u> </u>			
6.	Latest pho	otograph of the	account no	bider(s)				
	г					-		1
		1 <sup>st</sup> Holder		2 <sup>nd</sup> H	older		3 <sup>rd</sup> Holder	
					-	-		
					<u> </u>			
7.		older(s) details	as per Bar	k Records	5			
	a) Addre	SS						
	b) Phone	number						
		address						
	d) Signat				<u>I</u>			
Г	-, -0	(- )					[	
1)			2)			3)		
2	Signature verified as recorded with the Ban				h the Bank			
Seal of the Bank								
(Cignoturo)								
Pla	<b>CP</b> .	******	Signature) Name of th		anager			
rid			Employee (		anagei			
Dat	te:		E-mail addr					
<b>_</b> u								

#### Confirmation of Signature of securities holder by the Banker

#### Form No. SH-13

#### **Nomination Form**

#### [Pursuant to section 72 of the Companies Act, 2013 and rule 19(1) of the Companies (Share Capital and Debentures) Rules 20147

То

Name of the company:

Address of the company:

I/We ..... the holder(s) of the securities particulars of which are given hereunder wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my/our death.

(1) PARTICULARS OF THE SECURITIES (in respect of which nomination is being made)

Nature of	Folio No.	No. of	Certificate	Distinctive
securities		securities	No.	No.

#### (2) PARTICULARS OF NOMINEE/S -

(a) Name:

- (b) Date of Birth:
- (c) Father's/Mother's/Spouse's name:
- (d) Occupation:
- (e) Nationality:
- (f) Address:

(g) E-mail id:		
(h) Relationship with th	e security holder:	
(3) IN CASE NOMINEE IS A	MINOR	
(a) Date of birth:		
(b) Date of attaining m	ajority	
(c) Name of guardian:		
(d) Address of guardia	an:	
	Name:	
	Address:	
Name of the Security		
Holder (s)	Signature	Witness with
		name and address

### Form ISR - 3

### Declaration Form for Opting-out of Nomination by holders of physical securities in Listed Companies

(see SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

[Under Section 72 r/w Section 24 (1) (a) of Companies Act, 2013 r/w Section 11(1) and 11B of SEBI Act, 1992 and Clause C in Schedule VII and Regulation 101 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)]

Name of the Company : Registered Address of the Company:

I / we ..... the holder(s) of the securities particulars of which are given hereunder, *do not wish to nominate* any person(s) in whom shall vest, all the rights in respect of such securities in the event of my /our death.

PARTICULARS OF THE SECURITIES (in respect of which nomination is being opted out)

Nature of Securities	Folio No.	No. of Securities	Certificate No.	Distinctive No.

I/ we understand the issues involved in non-appointment of nominee(s) and further are aware that in case of my / our death, my / our legal heir(s) / representative(s) are required to furnish the requisite documents / details, including, Will or documents issued by the Court like Decree or Succession Certificate or Letter of Administration / Probate of Will or any other document as may be prescribed by the competent authority, for claiming my / our aforesaid securities.

Name(s) and Address of Security holders(s) Sole / First Holder Name Signature(s)

Second Holder Name

Third Holder Name

Name and Address of Witness	Signature

### **TRANSMISSION FORM**

C B MANAGEMENT SERVICES (P) LIMITED P-22, BONDEL ROAD, KOLKATA-700 019						
APPLICATION FORM FOR TRANSMIS PLEASE READ INSTRUTION ON REVE		SOLIDATIO	N OF FOLI			
	UNIT					
	LEASE FILL UP IN CLEAR BLO					
A) TYPE OF REQUEST (Tick relevant box)	1) TRANSMISSION		TRANSPOSI	TION		
(3) CONSOLIDATION OF FOLIOS	4) CHANGE OF NAME /SURNA	ME 5)	DELETION			
(B) REGISTERED FOLIO NO.	fo	lio is mentioned	on the front/	reverse of the certificate)		
(C) NAME OF THE HOLDER(S) (As endorsed of		EDC				
(1)	FULL NAMES OF HOLD	<u>EKS</u>				
(2)						
(3)						
(D) PARTICULARS OF SHARE (if space provid						
	-	rise)		NO OF GUADES		
CERTIFICATE NO.	DISTINCTIVE NOS.			NO.OF SHARES		
(E) TOTAL NO.OF SHARES						
		1 (611	.1. 1			
(F) TO BE TRANSMITTED/TRANSPOSED IN	FAVOUR OF (In case of consolidat	ion, do not fill up	this column			
(1) NAME		00001	UPATION	F/H NAME		
(2)						
(3)						
(G) FULL ADDRESS OF FIRST HOLDER(photo	copy of document enclosed as proof	of Address)	(H) BANK	DETAILS & PAN/ GIR		
	1)	Name & Addr	ess of Bank			
	2)	Гуре of A/c –S	SB/CA/OD/Ì	NRI/NER		
3) A/C NO.						
4) PAN/ GIR						
		(I) SIGNATU	RE			
J) BUYER REG.FOLIO	(1)					
	(2)					
FOR OFFICE USE ONLY	(3)					
DOC.Regn. no. Date o	f Regn. Witness					
	Address Occupa					

#### **INSTRUCTIONS**

#### (1) IN CASE OF TRANSMISSION

- 1) In a Joint Account no names can be deleted APART from the name of the deceased nor can any fresh names be added.
- 2) Request for Transmission CANNOT be put through in case of shares standing in the singly name of the deceased merely on the basis of death Certificate. Proper legal documents are required to be submitted.

#### (II) IN CASE OF TRANSPOSITION

1) Request for Transposition of names can be made for full holdings only.

#### (III) IN CASE OF CONSOLIDATION OF FOLIOS

- 1) Consolidation of folios can be done only if order of names are identical in both the accounts.
- 2) Only one form is required to be filled up if more than one folio is to be consolidated.
- 3) There is no need to fill up column no.F
- 4) Mention Register Folio No. in which the shares are to be consolidated.
- (IV) PARTICULARS OF SHARE CERTIFICATE(S) (continued from front):


#### To: The Listed Issuer/RTA, (Address)

#### (Name of the Listed Issuer/RTA)

Name of the	i i
Claimant(s)	
Mr./Ms.	
Name of the Guardian $\Box$ in case the claimant is a minor $\rightarrow$ Date of Birth of the second sec	ne minor*
Mr./Ms.	
Relationship with Minor:  Generation Father Generation Mother Generation Court Appointed Gua	ardian*
[Multiple PAN may be entered] PAN (Claimant(s)/Guardian):	
Acknowledgment attached  KYC form attached	
Tax Status:  Resident Individual  Resident Minor (through Guardian)  NRI (please specify)	□ PIO □ Others
*Please attach relevant proof	
I/We, the claimant(s) named hereinabove, hereby inform you about the de	emise of the below
mentioned Securities Holder(s) and request you to transmit the secu	rities 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 <sup>@</sup>
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 □Curre	nt □NRO □NRE □FCNR	9-digit MICR No.
Name of bank branch		
City PIN		

Please attach & tick <a>\lambda Cancelled cheque with claimant's name printed OR <a>\lambda Claimant's Bank Statement/Passbook (duly attested by the Bank Manager)</a>

# 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 $\checkmark$ whichever is applicable)

Occupation	or Service	Government Service				
□Agriculturist □Retired □H	lome Maker □ Student □ Forex Dea (Please specify)	ller 🗆 Others				
The Claimant is  a Politicat Person  Neither (Not appli	ally Exposed Person	a Politically Exposed				
Gross Annual Income (₹) □Below 1 Lac □1-5 Lacs □ 5-10 Lacs □10-25 Lacs □ 25 Lacs-1crore □ >1 crore						
<b>FATCA and CRS informatio</b>	n					
Country of Birth	Place	of Birth				
Nationality						
Are you a tax resident of any	y country other than India?	□No				
If Yes, please mention all the	e countries in which you are resident cation Number and its identification ty	for tax purposes and the				
Country	Tax-Payer Identification Number Identification Type					

**Nomination**<sup>@</sup> (Please  $\checkmark$  one of the options below)

□ I/We **DO NOT** wish to make a nomination. (*Please tick*  $\checkmark$  *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			autho	orize
		(Na	ame	of	the
Company) and its RTA to provide/ s my holdings in the (Name of the C authorities/agencies as required by same.	Company) to any	governmental or statu	tory o	or jud	licial

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 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.

#### 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 <u>NO</u> <u>NOMINATION has been registered</u>)

Each Deponent (legal heir) shall sign separate Affidavits.

#### (To be executed on a non-judicial stamp of appropriate value and Notarized)

Ι,		Son	/
daughter			of
residing			at
do h	ereby solemnly at	ffirm and state on o	ath
as follows.			
That Mr. /Mrs		<sup>@</sup> ("t	he
deceased holder") held the followin holder:	g securities in his	/ her name as sing	gle
Company Name	Folio No.	No. of securities	s held

□ That the aforesaid deceased holder died *intestate* leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate/ Legal Heirship Certificate(or its equivalent certificate)/Court Decree dated \_\_\_\_\_\_ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. \*

1) 2) 3)

#### OR

□ That the aforesaid deceased holder died leaving behind the following persons as the legatees as per the Will/ Probated Will/ Letter of Administration dated \_\_\_\_\_ and without registering any nominee. \*

A copy of the Succession Certificate\*/ Probate of Will\*/ Will\*/ Letter of Administration\*/ Legal Heirship Certificate\*(or its equivalent certificate)\*/ Court Decree\* is attached herewith.

	Name of the Legal Heir(s)	Address and contact details	Age	Relation with the Deceased
1)				
2)				
3)				

That	among	the	aforesaid	legal	heirs,	Master/
Kum				aged	_ years is a m	inor and is
being rep	resented by	Mr./Ms.			<sup>\$</sup> being his	/ her father
/ mother /	legal guard	ian.				

Signature of the Deponent:

Х\_\_\_\_\_

#### VERIFICATION

I hereby solemnly affirm and state that what is stated herein above is true and correct and nothing has been concealed therein and that we I am competent to contract and entitled to rights and benefits of the abovementioned securities of the deceased.

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 appropriate value)

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

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

That Mr. /Ms. following securities	Na S:	was holding the		
Name of the Company	e 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 Deceased	with	the
1					
2					
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.

Name of the Legal Heir(s)/Claimant(s)	Address and contact details	Age	Relationship Deceased	with	the
1					
2					
3					

Therefore, I/We, the Legal Heir(s)/Claimant(s) and deponent(s) herein has/have, approached \_\_\_\_\_\_(Name of the Company/RTA)\_with a request to transmit the aforesaid securities in the name of the undersigned Mr. /Ms. [Name(s) of the legal heir(s)/claimant(s)] \_\_\_\_\_\_#, on my/our behalf, without insisting on production of a Succession Certificate/ Probate of Will / Letter of Administration or any Court order, for which we execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said securities to the name of the undersigned Mr. /Ms. [Name(s) of the legal heir(s)/claimant(s) ] #,

I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, [Name of the Company/ Issuer and any RTA] and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which they may suffer and/or incur by reason of transferring the said securities as herein above mentioned, at my/our request to the undersigned Mr./Ms. [Name(s) of the legal heir(s)/claimant(s) without insisting on production of a Succession Certificate / Probate of Will / Letter of Administration

or any Court order.

IN WITNESS WHEREOF the said 1) Mr. /Ms. \_\_\_\_\_ (Name and signature of the witness)

And 2) Mr. /Ms. \_\_\_\_\_\_ Name and signature of the witness \_\_\_\_\_ #, have hereunto set their respective hands and seals this day of

Signed and delivered by the said legal heir/s.

Name the Legal Heirs	Signature of the Legal Heirs
1	Х
2	Х
3	X
(*) = Name of the deceased security holder Signed before	(#) = Name of the claimant/s
at:	

on					
011					

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 appropriate value]

#### 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 <u>NOMINATION has been registered</u>

#### DECLARATION

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

(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 DD/MM/YYYY .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 and contact details	Age	Relationship with the deceased
1)			
2)			
3)			

- (v) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid securities held by the deceased and I / we hereby wilfully relinquish & renounce all my /our rights in respect of the aforesaid securities and shall have no legal claim upon said securities in future.
- (vi) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in (Name of the Company) transmitting the aforesaid securities in favour of the Claimant(s) Mr. / Ms.
- (vii) I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge and nothing has been concealed therein.

Name(s) and Signature(s) of Legal Heir(s) who are Non – Claimant(s):

1)			
2)			
3)			
/			

	VERIFICATION	
	en concealed therein and th	ed herein above is true to our nat we are competent to contract d securities.
Solemnly affirmed at		
Deponent(s) (1)	(2)	_(3)