Annexure 3

Transmission Request Form (For Transmission under other than (Quick Transmission Process) QTP Category)

(For Transmission of Securities / Units on death of the Sole holder / all holders)

Tick (☐→☑) the boxes wherever applicable and fill in the details legibly.

To:

<Company Name>/<Fund Name>/RTA Name/DP>

<Address>

<City> - <Pincode

Date: mm, dd, yyyy

Part A – Claimant and Deceased Holder information

DP ID / Client ID / Folio No.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN / PEKRN (Mention only number)	

Part B – Details of Securities

I/We, the Nominee / Legal Heir / Claimant of the above referred deceased investor(s), hereby inform you about the demise of the above-mentioned security/unit holder(s) and request you to transmit the securities/units held by the deceased security/unit holder(s) as listed below in my/our favor in my/our capacity as Nominee(s) Legal Heir Successor to the Estate of the deceased Administrator of the Estate of the deceased.

S. No.	Company / Fund Name with Scheme Name	Folio No. / DP-Client ID	No. of Securities / Units / Shares Held	Certificate Number (for physical shares / securities)	Distinctive Numbers (for physical shares / securities)
1					From : To:
2					From: To:

Part C – Other information about Nominee / Legal Heir / Claimant (Applicable only for transmission of units held in SOA)

☐ KYC Acknowledgment attached ☐ KYC form attached

Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO / ☐ OCI ☐ Others (please specify)

Contact details of the Nominee / Legal Heir / Claimant

Mobile No. | | | | | | | | | |	**Tel. No. STD -**
Email Address	
Above mobile belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter	
Above email belongs to: ☐ Self ☐ Spouse ☐ Dependent parent(s) ☐ Son ☐ Daughter	

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

Address Line 1		
Address Line 2		
City:	State	PIN | | | | | |

Bank Account Details of the Nominee / Legal Heir / Claimant

Bank Name	
Account No.	|11-digit IFSC | | | | | | | | | | |
A/c. Type (✓) ☐S B ☐ Current ☐ NRO ☐ NRE ☐ FCNR | 9-digit MICR No.| | | | | | | | |	
Name of bank and branch	
City	PIN | | | | | |

Please attach & tick✓ ☐Cancelled cheque with claimant's name printed **OR**
☐Claimant's Bank Statement/Passbook

Part D – Consent by other Nominee(s) to be added as Joint Holder(s)

(Applicable only in case of claims submitted by nominee)

Other nominee(s) nominated by the deceased holder in the above referred folio(s) as listed below hereby consent to transmit the units with me as the first holder and add other nominee(s) as Joint Holder(s) in the new transmitted folio.

Name of the Nominee(s) to be added as joint holder	PAN/ PEKRN	KYC Compliance*

*If KYC not compliance/not done, KYC form with relevant supporting documents to be submitted.

I/We hereby provide my/our consent to add me/us as Joint Holder in the new transmission folio where claimant would be the first holder.

Name of the Nominee(s) to be added as joint holder	Signature

Part E – Declaration and Responsibility Clause

I/We confirm that the above documents have been submitted and that the information, facts, and particulars furnished by me/us in this undertaking and the accompanying documents are true, correct, and complete to the best of my/our knowledge and belief, and no material information / fact has been concealed or misrepresented therein.

I/We further undertake and confirm that in the event any information, declaration, or document furnished by me/us herein is subsequently found to be false, incorrect, incomplete, forged, or fraudulent, the responsibility and liability for resolving the resultant discrepancy, dispute, or claim – including any consequential loss, cost, or legal action – shall rest solely and exclusively with me/us, the claimant(s), and I/We shall keep the Company/AMC/RTA/Depository Participant fully indemnified and harmless against any loss, claim, demand, or liability arising directly or indirectly therefrom. I/We also knowledge to share the above demise information to the regulatory authorities or statutory authorities or to the entities entrusted by the regulatory/statutory authorities from time to time.

Annexure 3

Claimant Signature	
Place	**Date**

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.

Documents checklist to be annexed along with the transmission request form.

S. No.	Document	Submitted	Remarks
1	Original Transmission Request Form (duly filled and signed)	☐	
2	**Self-attested** copy of Latest Client Master List (CML) of claimants' demat account	☐	
3	**Self-attested** copy of Verifiable Death Certificate of the deceased holder	☐	
4	Original Security Certificate / Copy of Statement of Account (if applicable)	☐	
5	If claimant is a minor - Birth Certificate or School leaving certificate/ Passport or last four digits of Aadhaar (where the date of birth is available – Attested by the Guardian (Natural or Legal).	☐	
6	KYC of Guardian (if claimant is a minor or of unsound mind)	☐	
7	Nomination Form or Nomination Opt-Out form	☐	
8	FATCA-CRS Declaration in a prescribed format	☐	
9	Signature of the Nominee/ Claimant shall be attested only by a Notary Public or a Judicial Magistrate First Class (JMFC) in lieu of banker's attestation (applicable only for transmission of units held in SOA)	☐	

Annexure 3

S. No.	Document	Submitted	Remarks
10	Notarised indemnity bond indemnifying the RTA / listed entity/AMC as may be applicable	☐	
11	Notarised affidavit cum NOC from all legal heirs, confirming identification and claim of legal ownership to the securities and no objection OR copy of family settlement deed executed by all legal heirs, duly attested by a notary public, gazetted officer, or accepted and approved by a magistrate, judge or civil court.	☐	
12	Notarised affidavit cum NOC from all legal heirs, confirming identification and claim of legal ownership to the securities and no objection	☐	
13	Any ONE of the following succession documents: Copy of Will as may be applicable in terms of Indian Succession Act,1925, along with a notarized indemnity bond from the legal heir(s)/claimant(s) to whom the securities have to be transmitted OR Legal Heirship Certificate or its equivalent issued by relevant authority which will mean a revenue authority not below the rank of a Tehsildar or equivalent authority, along with a notarized indemnity bond from the legal heir (s)/claimant(s) to whom the securities have to be transmitted; OR Copy of Succession certificate or Letter of Administration or Court Decree.	☐	

Note:

1. For claim submitted by nominee, only documents specified at serial no. 1-9 shall be submitted.
2. For claim submitted by legal heir(s)/claimant(s) under “Simplified” category, documents specified at serial no. 1-11, as applicable, shall be submitted. For claim submitted by legal heir(s)/claimant(s) under “Above Threshold” category, documents specified at serial no. 1-9, 12 and 13, as applicable, shall be submitted.

Note: To be executed in the presence of a Notary Public / Judicial Magistrate First Class (JMFC) / Gazetted Officer

BOND OF INDEMNITY

For Transmission of Securities / Mutual Fund Units upon demise of Sole Holder / All Holders who died without registering a Nominee

To be furnished jointly or severally, as may be applicable, by all Legal Heir(s), including the Claimant(s)

To be submitted on Non-Judicial Stamp Paper of appropriate value, as applicable in the relevant State where the claimant resides

ASSET TYPE – TICK AS APPLICABLE

Securities (Shares / Debentures / Bonds / Mutual Fund units etc.) held in:

☐ Physical mode / Statement of Account (SOA)

☐ Demat mode

PART A – DETAILS OF HOLDING

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

That Mr./Ms. _____ ("Name of the deceased security/unit holder") was the sole holder of the following securities / mutual fund units:

S. No.	Name of Company / Mutual Fund Scheme	Client ID / DP ID / Folio No. / Certificate No.	Distinctive No. (if applicable)	No. of Securities / Units/shares Held
1			From : To:	
2			From:	

Classification - Internal

PART B – BASIS OF SUCCESSION & DETAILS OF LEGAL HEIR(S)

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:

☐ Intestate succession by which the deceased was governed at the time of his/her death.

☐ Testamentary succession – i.e., under a Will of the deceased.

(Please tick one of above checkboxes, as applicable)

Name of Legal Heir(s) / Claimant(s)*	Address & Contact Details	Age	Relationship with the Deceased

*If any of the Legal Heir(s) other than claimant has expired, verifiable death certificate should be submitted for such deceased Legal Heir(s) also.

PART C – REQUEST & INDEMNITY

Therefore, I/We, the Legal Heir(s)/Claimant(s) and deponent(s) herein, have approached _____ (Name of the Listed Company / Issuer / AMC / RTA / Depository Participant / Depository) with a request to transfer/transmit the aforesaid securities/units 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 this indemnity as herein contained, relying on the information given by us and believing the same to be true.

In consideration of my/our request to transfer/transmit the above-said securities/units to the name of the undersigned legal heir(s)/claimant(s) named above (#), I/We hereby jointly and

Classification - Internal

severally agree and undertake to indemnify and keep indemnified, saved, defended and held harmless the said Listed Company/Issuer/AMC and its RTA/Depository Participant/Depository, and their respective successors and assigns, at all times hereafter, against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, and liabilities whatsoever, which they may suffer and/or incur by reason of transferring/transmitting the said securities/units as aforesaid, at my/our request, to the undersigned legal heir(s)/claimant(s), without insisting on production of a Succession Certificate / Probate of Will / Letter of Administration or any Court Order (of competent jurisdiction).

This indemnity shall be binding on me/us, our respective heirs, executors, administrators, and legal representatives, and shall remain in full force and effect irrespective of whether the asset transmitted is a security or a mutual fund unit, or both.

I/We declare that, to the best of my/our knowledge and belief, there is no pending dispute, litigation or competing claim amongst the legal heir(s) and claimant(s) in relation to the aforesaid securities/units or the succession thereof.

PART D – EXECUTION

IN WITNESS WHEREOF the said

Classification - Internal

1) Mr./Ms. Name:_____Signature:_____
(Name & signature of witness),

2) Mr./Ms. Name:_____Signature:_(Name & signature of witness),

have hereunto set their respective hands and seals this _____ day of

_____. Signed and delivered by the said legal heir(s).

Name of the Legal Heir(s) / Claimant(s)	Signature of the Legal Heir(s) / Claimant(s)
1.	X
2.	X
3.	X

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.

PART E – ATTESTATION BY NOTARY

Signed before me,

At: _____

On (date): _____

_____

Signature of Notary

Official Stamp, Seal & Registration No. of Notary:

_____

Inte
Classification - Internal
rnal

Annexure 5

To be executed on Non-Judicial Stamp Paper of appropriate value (as applicable in the relevant State where the claimant resides) and notarized / attested by a Gazetted Officer / Judicial Magistrate First Class (JMFC)

AFFIDAVIT-CUM-NO OBJECTION DECLARATION

For Transmission of Securities / Mutual Fund Units upon demise of Sole Holder / All Holders who died without registering a Nominee

To be furnished jointly or severally, as may be applicable, by the Claimant(s) and all Non-Claimant Legal Heir(s)

ASSET TYPE – TICK AS APPLICABLE

Securities (Shares / Debentures / Bonds / Mutual Fund units etc.) held in:

☐ Physical mode / Statement of Account (SOA)

☐ Demat mode

PART A – DEPONENT(S)

I/We _____, son(s)/daughter(s)/legal heir(s) of Late Mr. / Mrs., residing at__, do hereby solemnly affirm and state on oath as under:

PART B – DECLARATIONS

---

1. The above-mentioned deceased holder held the securities/units described in Part C in his/her name as the sole holder.
2. The deceased holder died on _without registering any nominee.
3. Basis of succession (applicable only for cases above threshold category):

   ☐ Succession Certificate ☐ Probate of Will ☐ Will

   ☐ Letter of Administration ☐ Legal Heirship Certificate ☐ Court Decree

   ☐ Law of Intestate Succession
4. A copy of the applicable document referred to above is enclosed herewith.

5. The persons named in Part D are the only legal heir(s)/legatee(s) of the deceased.
6. Where any legal heir named herein is a minor, such minor is represented by his/her natural / legal guardian.
7. The claimant(s) named in Part E have applied for transmission of the said securities/units in their favour.
8. I/We declare that, to the best of my/our knowledge and belief, there is no pending dispute, litigation or competing claim amongst the legal heir(s) and claimant(s) in relation to the aforesaid securities/units or the succession thereof.
9. I/We, being the non-claimant legal heir(s) named in Part D and do hereby voluntarily and unconditionally relinquish and renounce all rights, title, interest, and claim, present or future, in the said securities/units in favor of the claimant(s) and shall have no claim whatsoever thereto at any time hereafter.
10. I/We have no objection whatsoever to the transmission of the said securities/units in Favor of the claimant(s) named herein, and consent to such transmission being effected by the Listed Company/Issuer/AMC/RTA/Depository Participant/Depository.
11. I/We declare that the statements made herein, and the documents enclosed herewith, are true and correct to the best of my/our knowledge and belief, and that nothing material has been concealed or misrepresented. I/We shall be solely responsible for resolving any issue, dispute, or claim that may arise should any statement or document furnished herein be found to be false, incorrect, or incomplete, and shall keep the Listed Company / Issuer / AMC / RTA / Depository Participant / Depository fully indemnified against any loss or liability arising therefrom.

PART C – DETAILS OF SECURITIES / UNITS

Sr. No.	Name of Company / Mutual Fund Scheme	Client ID / DP ID / Folio No. / Certificate No.	Distinctive No. (if applicable)	No. of Securities / Units Held
1			From: To:	
2			From: To:	
3			From: To:	
4			From: To:	

PART D – DETAILS OF LEGAL HEIRS (INCLUDING NON-CLAIMANTS)

Name of Legal Heir(s)	Address & Contact Details	Age	Relationship with Deceased

Annexure 5

PART E – DETAILS OF CLAIMANT(S)

Name of Claimant	Address & Contact Details	Age	Relationship with Deceased

PART F – VERIFICATION

I/We solemnly affirm and verify that the statements made in the foregoing paragraphs are true and correct to the best of my/our knowledge and belief, and that nothing material has been concealed therefrom. I/We declare that I am/we are competent to contract and am/are entitled to the rights and benefits relating to the aforesaid securities/units.

Place: _

Date: _

Signature(s) of Claimant(s):

X _____ X _____ X _____

Signature(s) of Non-Claimant Legal Heir(s):**

X _____ X _____ X _____

****** The signatures of non-claimant legal heir(s) are required only where the claimant has not furnished a Succession Certificate, Probate of Will (where applicable and available),

Letter of Administration or Court Decree. Where any such court-issued document is furnished, this instrument shall operate as an affidavit of the named legal heir(s)/claimant(s) alone, and no NOC or signature from non-claimant legal heir(s) shall be required.

Note: Where any person required to sign this document is unable to sign, he/she may affix his/her left thumb impression in lieu of signature.

ATTESTATION

Signed before me, by above signatories, identity/(ies) of whom has/have been verified.

At: _____

On (date): _____

_____

Signature and Seal of Notary / Gazetted Officer

Registration No. (if Notary): _____

Asit C. Mehta Investment Interrmediates Limited,
Pantomath Nucleus House,
Saki Vihar Road, Andheri (E),
Mumbai - 400072,
Maharashtra

Date : ……

Dear Sir / Madam,

Sub : Intimation of demise information.

Ref .: PAN …….. Demat account no. ……Trading account no…….

I / We regret to inform you about the demise ……. (Name of the deceased person) having the above PAN / Demat Account / Trading Account, where I / We is / are the joint holder(s) / registered nominee(s) / legal heir in the accounts maintained with your organization.

I / We are enclosing below documents for necessary validation:

1) Original downloaded / self-attested copy of the Death Certificate is attached for your kind action.
2) Self-attested copy of the Deceased person PAN or any other valid ID proof
3) My / Our Self-attested PAN card copy(ies) or any other self-attested valid ID proof.

In this context:

☐ **Please let us know the procedure and documentation requirement to transmit the unit in my / our favor.**

OR

☐ **Please find attached duly filled up Transmission Request form along with all necessary supporting documents to transmit the unit in my / our favor.**

OR

☐ **Please let us know the procedure to close the account due to No Joint Holder/Nominee along with NIL Holding.**

Also note my contact details for necessary communication / contact as below:

Details	First Holder / Nominee 1 / Notifire	Second Holder / Nominee 2	Third holder / Nominee 3 / legal Heir
Name			
PAN			
Mobile			
Email			
Address			
Relation with Demise account holder			

I /We Acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

Signature:

First Holder / Nominee1/ Notifire	Second Holder2 / Nominee2	Third Hodder / Nominee3 / Legal Heir

Encl :

☐ **Death Certificate – Original downloaded or Self-attested copy**
☐ **PAN or other ID proof of Deceased person – Self-attested copy.**
☐ **My / Our Self-attested PAN card copy(ies) or any other self-attested valid ID proof.**
☐ **Account Closure form of Demise Holder**

Asit C. Mehta
INVESTMENT INTERMEDIATES LTD.

Regd. Office : "Pantomath Nucleus House", Saki Vihar Road, Andheri (E), Mumbai - 400072 Maharashtra, INDIA.
Tel: (022) 2858 4545 • Fax (022) 2857 7647
Email: customerservice@acm.co.in • Website: www.investmentz.com • CIN: U65990MH1993PLC075388

Account Closure Request Form

Application No.		Date	D D M M Y Y Y Y
Closure Initiated by:	☐ BO ☐ DP ☐ CDSL		

(To be filled by the BO (in case of BO initiated closure). Please fill all the details in **Block Letters** in English)

Dear Sir / Madam,
I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Closure to be effected in:	☐ Trading account			☐ Depository account				☐ Trading + Depository account									
DP ID									Client ID								
Common Client Code																	
Segments to be closed	☐ All	☐ Cash	☐ Derivative /F&O	☐ Currency Derivative	☐ MF & IPO	☐ SLBM											
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Address for Correspondence																	
City				State					PIN								

Details of remaining security balances in the account (if any)																	
Reason for Closing the Account																	
Balance remaining in the account (if any) to be : ☐ Partly rematerialised and partly transferred ☐ Rematerialised ☐ Transferred to another account (Number given below) ☐ Not applicable																	
DP ID									Client ID								
Balance present in account for (To be filled by DP, if applicable)	☐ Ear - marked			☐ Pledged													
	☐ Pending for Dematerialisation			☐ Frozen													
	☐ Pending for Rematerialisation			☐ Lock-in													

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:
I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature*			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required..

Maker: Checker:

Please tear here

Acknowledgement Receipt

Application No.

We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:

DP ID									Client ID								
Common Client Code																	
Segments to be closed	☐ All	☐ Cash	☐ Derivative /F&O	☐ Currency Derivative	☐ MF & IPO	☐ SLBM											
Name of the First / Sole Holder																	
Name of the Second Holder																	
Name of the Third Holder																	
Reason for Closure																	

Depository Participant Seal and Signature

Instructions to Account Holder(s)

- Submit a duly-filled RRF if the balances are to be rematerialized.
- Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "SHIFTING OF ACCOUNT".