Transmission Request Form-cum-Undertaking for Quick Transmission Processing (QTP)

Where No Nominee is Registered

(To be submitted on Plain Paper)

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)	
Category of Claimant	☐ Parent ☐ Spouse ☐ Child ☐ Parent-in-law
Documentary Proof attached (Refer Annexure – A for the documents list)	

PART B – TRANSMISSION REQUEST FORM

I, the claimant named hereinabove, 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) in my favor in my capacity as ☐ Legal Heir ☐ Successor to the Estate of the deceased ☐ Administrator of the Estate of the deceased

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PART C – UNDERTAKING

I/We _____, legal heir(s) of Late Mr./Ms._____ ("Name of the Deceased Holder"), residing at _____do hereby state and undertake as under:

1. The deceased holder held the following securities / MF unit holdings in his/her name as sole/single holder:

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:
3					From : To:

2. Above referred deceased holder died without registering any nominee.

3. That I/We are the legal heir(s) of the deceased as per the details in the below table and that we are the only legal heirs/legatees of the deceased holder.

Name of the Legal Heir(s)*	Age	Relationship with the deceased

*Where any legal heir is a minor, such minor is represented herein by his/her natural/legal guardian.

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Therefore, I/We, the Legal Heir(s)/Claimant(s), have approached _____ (Name of the Company / AMC / RTA / DP / Depository) 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. I/We, am/are furnishing the documents as mentioned below for transmission of the securities in our name:

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 / Statement of Account (if applicable).	☐	
5	If claimant is a minor – Copy of Birth Certificate or School leaving certificate/ Passport or 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	Relationship Proof (where claimant is spouse, child, parent or parent-in-law) or Affidavit as per Annexure-B.	☐	
8	Nomination Form or Nomination Opt-Out form	☐	
9	FATCA-CRS Declaration in a prescribed format, wherever applicable	☐	
10	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	☐	

Classification - Internal

	only for transmission of units held in SOA)		

PART D – OTHER INFORMATION ABOUT 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 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 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

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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 / Depository 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 for onward circulation/dissemination to all applicable regulated entities.

Claimant(s) 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.

ANNEXURE-A: PROOF OF RELATIONSHIP

A self-attested copy of the proof of relationship as referred to above is enclosed herewith:

Tick against the document* given as proof of relationship
Birth certificate which lists the parent's name ☐
School leaving certificate ☐
School records/service records ☐

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Passport ☐

Marriage Certificate ☐

Ration Card ☐

Voter ID ☐ Aadhar

☐

Permanent Account Number ☐

Will ☐

Legal Heirship Certificate ☐

Court Decree ☐

Letter of Administration ☐

Succession Certificate ☐

Probate of Will (where available) ☐

***In case none of the above documents are available, a notarized Affidavit in the format given in Annexure-B.**

ANNEXURE-B: DRAFT OF THE AFFIDAVIT

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 or Judicial Magistrate First Class (JMFC)

I/We, _____ Son / daughter/legal heir of _____ residing at _____ do hereby solemnly affirm and state on oath as follows.

That Mr. / Mrs. _____("Name of the Deceased Holder") held the following securities:

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:

Classification - Internal

Annexure 2

PART C – UNDERTAKING

I/We _____, legal heir(s) of Late Mr./Ms._____ ("Name of the Deceased Holder"), residing at _____do hereby state and undertake as under:

1. The deceased holder held the following securities / MF unit holdings in his/her name as sole/single holder:

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:
3					From : To:

2. Above referred deceased holder died without registering any nominee.

3. That I/We are the legal heir(s) of the deceased as per the details in the below table and that we are the only legal heirs/legatees of the deceased holder.

Name of the Legal Heir(s)*	Age	Relationship with the deceased

*Where any legal heir is a minor, such minor is represented herein by his/her natural/legal guardian.

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Annexure 2

Therefore, I/We, the Legal Heir(s)/Claimant(s), have approached _____ (Name of the Company / AMC / RTA / DP / Depository) 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. I/We, am/are furnishing the documents as mentioned below for transmission of the securities in our name:

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 / Statement of Account (if applicable).	☐	
5	If claimant is a minor – Copy of Birth Certificate or School leaving certificate/ Passport or 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	Relationship Proof (where claimant is spouse, child, parent or parent-in-law) or Affidavit as per Annexure-B.	☐	
8	Nomination Form or Nomination Opt-Out form	☐	
9	FATCA-CRS Declaration in a prescribed format, wherever applicable	☐	
10	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)	☐	

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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".