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.

1) Claimant Name and Signature	
Place	**Date**

2) Claimant Name and Signature	
Place	**Date**

3) Claimant Name and 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.

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)	☐	
10	Notarised indemnity bond indemnifying the RTA / listed entity/AMC as may be applicable	☐	

S. No.	Document	Submitted	Remarks
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.

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".