TRANSMISSION REQUEST FORM
(In case of death of the sole holder)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case the claimant is a Minor- Date of Birth of the minor*) Relationship with the minor _____ request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

***Please attach relevant proof**

Name of the deceased BO:
Account Number of the deceased BO:

DP ID									Client ID								
Date of the Deceased Sole Holder																	

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

Sr. No	**Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate of the deceased**	**DP ID**								**Client ID**							

Details of Transmission

Sr. No	**Name of the Security**	**ISIN**	**Quantity of securities to be transmitted**	**Percentage**

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor),

if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor)

	Nominee(1) Successor/Guardian of successor/Nominee	**Nominee(2) Successor/Guardian of successor/Nominee**	**Nominee(3) Successor/Guardian of successor/Nominee**
Name			
Signature			

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

DP ID										Client ID								

Successor BO Name(s)		
First/Sole Holder	**Second Holder**	**Third Holder**
Documents Submitted		

Subject to verification.

Depository Participants Seal & Signature

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TRANSMISSION REQUEST FORM

(In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID									Client ID								

To

DP ID									Client ID								

Due to the death of ----------(Name of the deceased account holder(s)).
Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	**Second Holder**
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s		

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID									Client ID								

To

DP ID									Client ID								

Surviving Holder(s) Name(s)	
First/Sole Holder	**Second Holder**
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature

Public

TRANSMISSION REQUEST FORM

DELETION OF NAME OF THE DECEASED HOLDER IN JOINT ACCOUNT (In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

(Please fill all the details in **Block Letters** in English)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/We, the undersigned, being the surviving holder(s) in the joint demat account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order of names and update the details in the account, as per details given below:

DP ID									Client ID								

a. Account holders details

Details of the Holder	**Name of Joint Account Holder(s)**	**Tick against the holder(s) who has/have deceased**	
First Holder		☐	Provide copy of death certificate duly attested by a Notary Public.
Second Holder		☐	
Third Holder		☐	

Address and Bank Details [Dividend Bank Details] (To be filled if the first demat account holder has deceased)

b. Correspondence Address and Permanent Address (if different from Correspondence Address) **of first holder (Proof of address document to be submitted).** Please write each combination of names in separate boxes.

Correspondence Address/Foreign Address							
City		**PIN**		**State**		**Country**	
Permanent Address							
City		**PIN**		**State**		**Country**	

c. Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)								
IFS Code (11 character)								
Account number								

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Account type		❑ Saving ❑ Current ❑ Others (specify) _____										
Bank Name												
Branch Name												
Bank Branch Address												
City		State		Country	PIN code							

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.

- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

d. Signature of surviving joint holder(s)

	First / Sole Holder	**Second Holder**
Name(s) of the surviving holder(s)		
Signature(s) of the demat account holder [s] / surviving holder(s		

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge the receipt of the following instructions for deletion of deceased holder's name from the demat account on account of death:

DP ID									Client ID								

To

DP ID									Client ID								

Surviving Holder(s) Name(s)	
First/Sole Holder	**Second Holder**
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature

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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]

Bond of Indemnity

To,
Depository Participant Name
Address

Dear Sirs,

Sub: Transmission of securities standing in the name of
Late Mr./Mrs. _____

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

Mr./Mrs. _____ the deceased, was holding a Client account no. _____ with _____ a Depository Participant having DP ID _____. The said deceased BO was holding the following securities:

ISIN	Name of Company	Number of securities

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 with the Deceased

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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 with the Deceased**
1			
2			
3			
4			

Therefore, I/We, the Legal Heir(s)/Claimant(s) and deponent(s) herein has/have , approached you with a request to transfer the aforesaid securities in the name of the undersigned Mr. / Mrs. / Ms. _____ on my/our behalf without insisting on the production of a Succession Certificate/ Probate of Will / Letter of Administration or an Order of the Court of competent jurisdiction and you have kindly agreed to do so on my/our executing 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)] #,_____without insisting on production of a Succession Certificate / Probate of Will / Letter of Administration or any Court order.

I / we hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved,

defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said securities as herein above mentioned, to the undersigned _____ without insisting on production of a Succession Certificate/ Probate of Will / Letter of Administration or an Order of the Court of competent jurisdiction.

IN WITNESS WHEREOF THE said I Mr. /Ms _____ (Name and signature of the

And 2) Mr. /Ms. _____Name and signature of the witness #,

have here unto set their respective hands and seals this _____ day of _____ of _____.Signed and delivered by the said legal heir/s.

Sr.No	**Name the Legal Heirs**	**Signature of the Legal Heirs**
1.		
2.		
3.		

Name of the deceased security holder (#) Name of the claimant/s

Signed before me

Date: _____ _____

Place: _____ **(Signature and Seal of Magistrate/Notary)**

Full Name and Address of Magistrate /Notary:

Name : _____

Address : _____

_____

_____

PIN _____

Registration No : _____

Use space below to affix:

Notarial / Court Fee Stamp	**Official Seal of Magistrate / Notary**

.

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[ref: Communiqué no. **CDSL/OPS/DP/1685** dated August 18, 2009]

[To be executed on a non-judicial stamp of appropriate value and Notarized]

Annexure 7.5

Affidavit

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 NO NOMINATION has been registered)

Each Deponent (legal heir) shall sign separate Affidavits.

I, _____
son/daughter/spouse of _____
residing at _____
_____ do hereby solemnly affirm and state on oath as under: -

That Mr. / Mrs. _____@ the deceased was holding a Client Account No. _____ with _____ a Depository Participant having DP ID _____. The said deceased was holding the following securities:

ISIN	Name of Company	No. of securities

☐ **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. ***

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	Relationship with the deceased
1				
2				
3				
4				

1. That among the aforesaid legal heirs Master / Kumari #_____ aged _____ years is a minor and he / she is being represented by his / her father/mother/ legal guardian Mr. / Mrs. _____.

2. That all the legal heirs of my deceased _____ have applied to _____ _____ (**DP name**) to register the aforesaid securities in my/our individual/joint beneficial owner account and have executed a Letter of Indemnity in favour of the Participant/CDSL holding the Participant / CDSL indemnified against any loss, cost, expenses or damages which may be caused to them in consequence of any claim which may be made by or on behalf of any person claiming any interest in the said shares.

_____

Signature of DEPONENT

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 I am competent to contract and entitled to rights and benefits of the above mentioned securities of the deceased.

Solemnly affirmed at _____ on the _____ day of _____ of _

Signature of the Deponent

Signed before me

Full Name and Address of Magistrate / Notary

Signed in the presence of
Name : _____

Address : _____
_____
City _____ Pin _____

Registration No: _____
_____

(Signature of Notary $with Official Seal of Notary)

** **strikeout whichever is not applicable***
 # = *Name of the legal heir* @ = *Name of the deceased security holder*
$ = *Name of the Guardian*

Use space below to affix:

Notarial Stamps	**Official Seal of Notary**

. .

2. .

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 NOMINATION has been registered

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 Account No. _____ with _____ a Depository Participant having DP ID _____.:

Name of the Company	ISIN	No. of securities held
1)		
2)		
3)		

(ii) **That the deceased had died intestate on D D / M M / Y Y Y Y .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 & 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

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned securities.

Solemnly affirmed at _____

Deponent(s) (1) _____(2) _____(3)_____