

Annexure - 2

**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:

Date: mm, dd, yyyy

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

<Address>

<City> - <Pincode>

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 a ☐ legal heir, ☐ Successor to the Estate of the deceased, ☐ Administrator of the Estate of the deceased

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.

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)	☐	

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
☐ Others (please specify)

☐ Resident Minor (through Guardian)

☐ NRI

☐ PIO / OCI

Contact details of the Claimant

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

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 Code-		

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

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 ☐
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:
2					From: To:
3					From: To:

That the aforesaid deceased holder died leaving behind the following persons as the legal heirs without registering any nominee:

S. No.	Name of the Legal Heir(s)*	Address and contact details	Age	Relationship with the deceased
1				
2				
3				

That among the aforesaid legal heirs, Master/Kumari. _____
aged _____ years is a minor and is being represented by Mr./Ms. _____ ("Name of the Guardian") being his / her father / mother / legal guardian.

Signature of the Deponent: 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.

VERIFICATION

I We 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.

Solemnly affirmed at _____ Signature of the Deponent: _____

Signed before me

Signature of Notary with Official Seal of Notary & Regn. No.

* ~~strikeout~~ whichever is not applicable