

# Annexure - 3

**Transmission Request Form (For Transmission  
under other than 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:

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) |  |

## 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 /<br>Fund Name with<br>Scheme Name | Folio No. /<br>DP- Client ID | No. of<br>Securities / Units<br>/ Shares Held | Certificate<br>Number (for physical<br>shares / securities) | Distinctive Numbers<br>(for physical shares<br>/ securities) |
|-------|--------------------------------------------|------------------------------|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------------|
| 1     |                                            |                              |                                               |                                                             | From:<br>To:                                                 |
| 2     |                                            |                              |                                               |                                                             | From:<br>To:                                                 |
| 3     |                                            |                              |                                               |                                                             | From:<br>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  
☐ Others (please specify)

☐ Resident Minor (through Guardian)

☐ NRI

☐ PIO / OCI

**Contact details of the Nominee / Legal Heir / Claimant**

|                                                                                                                                                                                                    |                      |                      |                      |                      |                      |                      |                      |                      |                      |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| Mobile No.                                                                                                                                                                                         | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Tel. No. STD - |
| Email Address                                                                                                                                                                                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                |
| Above mobile belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent(s) <input type="checkbox"/> Son <input type="checkbox"/> Daughter |                      |                      |                      |                      |                      |                      |                      |                      |                      |                |
| Above email belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent(s) <input type="checkbox"/> Son <input type="checkbox"/> 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 Nominee / Legal Heir / Claimant**

|                     |                             |                                  |                              |                              |                               |
|---------------------|-----------------------------|----------------------------------|------------------------------|------------------------------|-------------------------------|
| Bank Name           |                             |                                  |                              |                              |                               |
| Account No.         |                             |                                  | 11-digit IFSC                |                              |                               |
| A/c. Type (✓)       | <input type="checkbox"/> SB | <input type="checkbox"/> Current | <input type="checkbox"/> NRO | <input type="checkbox"/> NRE | <input type="checkbox"/> 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

**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.

| <b>Name of the Nominee(s) to be added as joint holder</b> | <b>PAN/PEKN</b> | <b>KYC Compliance*</b> |
|-----------------------------------------------------------|-----------------|------------------------|
|                                                           |                 |                        |
|                                                           |                 |                        |

\*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.

| <b>Name of the Nominee(s) to be added as joint holder</b> | <b>Signature</b> |
|-----------------------------------------------------------|------------------|
|                                                           |                  |
|                                                           |                  |

**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.

|                       |      |
|-----------------------|------|
| 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.**

**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)                                                                                                                                                      | <input type="checkbox"/> |         |
| 2     | Self-attested copy of Latest Client Master List (CML) of claimants' demat account                                                                                                                                | <input type="checkbox"/> |         |
| 3     | Self-attested copy of Verifiable Death Certificate of the deceased holder                                                                                                                                        | <input type="checkbox"/> |         |
| 4     | Original Security Certificate / Statement of Account (if applicable).                                                                                                                                            | <input type="checkbox"/> |         |
| 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).                         | <input type="checkbox"/> |         |
| 6     | KYC of Guardian (if claimant is a minor or of unsound mind).                                                                                                                                                     | <input type="checkbox"/> |         |
| 7     | Nomination Form or Nomination Opt-Out form                                                                                                                                                                       | <input type="checkbox"/> |         |
| 8     | FATCA-CRS Declaration in a prescribed format                                                                                                                                                                     | <input type="checkbox"/> |         |
| 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) | <input type="checkbox"/> |         |
| 10    | Notarised indemnity bond indemnifying the RTA / listed entity/AMC as may be applicable                                                                                                                           | <input type="checkbox"/> |         |

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

**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.
3. 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.