

Request for Transmission of Securities by Nominee or Legal Heir(s)/Claimant(s) on death of the holder(s)

Appendix -A (ISR 5)

To:

KFin Technologies Limited,
(Unit: State Bank of India)
Selenium Tower B,
Plot 31 & 32, Financial District,
Hyderabad - 500 032,

Name of the Claimant(s) Mr./Ms.	
Name of the Guardian <i>in case the claimant is a minor</i> →	Date of Birth of the minor**
Mr./Ms. _____	
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian**	
[Multiple PAN may be entered] PAN (Claimant(s)/Guardian): <input type="text"/> <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached	
Tax Status: Resident Individual Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)	

***Please attach relevant proof*

I/We, the claimant(s) named hereinabove, hereby inform you about the demise of the below mentioned Securities Holder(s) and request you to transmit the securities held by the deceased holder(s) in my/our favour in my/our capacity as – <input type="checkbox"/> Nominee <input type="checkbox"/> Legal Heir <input type="checkbox"/> Successor to the Estate of the deceased <input type="checkbox"/> Administrator of the Estate of the deceased	
Name of the deceased holder(s)	Date of demise***
1)	DD / MM / YYYY
2)	DD / MM / YYYY
3)	DD / MM / YYYY

****Please attach certified copy of Death Certificate.*

Securities(s) & Folio(s) in respect of which Transmission of securities is being requested

Name of the Company	Folio No.	No. of Securities	% of Claim@
1)			
2)			

@As per Nomination OR as per the Will/Probate/Succession Certificate/Letter of Administration/ Legal Heirship Certificate (or its equivalent certificate)/ Court Decree, if applicable.

Contact details of the Claimant (s)

Mobile No.+91
Tel. No. STD -
Email Address

Address (Please note that address will be updated as per address on KYC form / KYC Registration Agency records)

Address Line 1	
Address Line 2	
Address Line 3	
City:	State
	PIN

Bank Account Details of the 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	

Please attach & tick ✓ Cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook (duly attested by the Bank Manager)

I/We also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased securities holder(s) by direct credit to the bank account mentioned above.

Additional KYC information (Please tick ✓ whichever is applicable)

Occupation <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others <div style="text-align: right; font-size: small;">(Please specify)</div>	
The Claimant is a <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (Not applicable)	
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs-1crore <input type="checkbox"/> >1 crore	

FATCA and CRS information

Country of Birth _____ Place of Birth _____		
Nationality _____		
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

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Nomination (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the securities held in my/our folio in the event of my / our death.

\$ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration and Signature of the Claimant(s)

- a) I/We have attached herewith all the relevant / required documents .
- b) I/We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- c) I/We undertake to keep State Bank of India /its RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the RTAs.
- d) I/We hereby authorize State Bank of India and its RTA to provide/ share any of the information provided by me/us including my holdings in the (State Bank of India) to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place: Date :	Signature of Claimant(S)
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Documents Attached

- Copy of Death Certificate of the deceased holder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian
- KYC Acknowledgment OR
- KYC form of Claimant
- Cancelled cheque with claimant's name printed
OR
Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure B - Individual Affidavits given by EACH Legal Heir
- Original security certificate(s)
- Annexure C - Bond of Indemnity furnished by Legal Heirs
- Annexure D - NOC from other Legal Heirs

**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.

(To be executed on a non-judicial stamp of Rs.500 and Notarized)

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

That Mr. /Mrs _____ @ ("the deceased holder") held the following securities in his / her name as single holder:

Company Name	Folio No.	No. of securities held
1)		
2)		
3)		

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	Relation with the Deceased
1)			
2)			
3)			

That among the aforesaid legal heirs, Master/ Kum. _____ aged _____ years is a minor and is being represented by Mr./Ms. _____ \$ being his / her father / mother / legal guardian.

Signature of the Deponent:

X _____

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 abovementioned securities of the deceased.

Solemnly affirmed at

Signature of the Deponent:

Signed before me

Place: _____

Date : _____

X -----

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

* *strikeout whichever is not applicable*

@ = *Name of the deceased security holder*

\$ = *Name of the Guardian*

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 Rs.500 value)

[For Transmission of Securities on death of Security Holder(s), where no nomination has been registered]

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

That Mr. /Ms. _____ *Name of the deceased holder* _____ was holding the following securities in State Bank of India:

Certificate No.	Distinctive No.		Folio No.	No. of Securities held
	From	To		
1				
2				
3				
4				

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
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			

Therefore, I/We, the Legal Heir(s)/Claimant(s) and deponent(s) herein has/have, approached State Bank of India/its RTA 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, without insisting on production of a Succession Certificate/ Probate of Will / Letter of Administration or any Court order, for which we execute 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 transmit the above said securities to the name of the undersigned Mr. /Ms. [Name(s) of the legal heir(s)/claimant(s)] #,

I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless, State Bank of India/Its RTA and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which they may suffer and/or incur by reason of transferring the said securities as herein above mentioned, at my/our request to 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.

IN WITNESS WHEREOF the said 1) Mr. /Ms. _____ (Name and signature of the witness) _____

And 2) Mr. /Ms. _____ Name and signature of the witness _____, have hereunto set their respective hands and seals this day of _____ Signed and delivered by the said legal heir/s.

Name the Legal Heirs	Signature of the Legal Heirs
1	X
2	X
3	X

(#) = Name of the claimant/s

Signed before me

at: _____

on: _____

Signature of Notary

Official stamp & seal of the Notary & Regn. No.:

Note: ***To be executed in the presence of a Public Notary / Gazetted Officer***

[To be submitted in non-judicial stamp paper of Rupees 500/-]

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 Security Holder(s) is/are 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:

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

- (ii) That the deceased had died intestate on DD / MM / YYYY 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 and 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 _____ State Bank of India 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) _____

SURETY FORM

(Form to be filled if the market value of the security(ies) to be transmitted is more than Rs. 5 lakh and upto Rs. 10 lakh)

Private & Confidential

1.	Full Name of the Surety:				
2.	Date of Birth	Date	Month	Year	
3.	Age				
4.	PAN (attach self-attested copy)				
5.	Permanent Residential Address:				
6.*	Details of Employment	Name of the employer	Place of the employment	Annual salary	Other emoluments (if any)
7.*	Details of immovable property owned (absolute ownership)	Within Municipal limits	Address	Value	Annual rent realised
8.*	Details of Business Owned (absolutely in own name and not as partner)	Nature of Business and location	Annual Turnover		Annual Profits

(Signature of the Surety)

Date:

Full Name, Address
(Branch Manager / Notary)Signed in the presence of
(Bank Manager / Notary)

Regd. No. of Notary : Notarial stamps	Official Seal of Magistrate / Notary
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*(From Column No. 6-8, please fill the column as applicable to the surety)