

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

City:

State

PIN | | | | |

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 | | | | |

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

I 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 Private Sector Service Public Sector Service Government Service
 Business Professional
 Agriculturist Retired Home Maker Student Forex Dealer Others
 (Please specify)

The Claimant is a Politically Exposed Person Related to a Politically Exposed Person Neither (Not applicable)

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1crore >1 crore

FATCA and CRS information

Country of Birth _____ Place of Birth _____
 Nationality _____

Are you a tax resident of any country other than India? Yes 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

Nomination[@] (Please ✓ one of the options below)

I/We **DO NOT** wish to make a nomination. *(Please tick ✓ if you do not wish to nominate anyone)*

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)

I/We have attached herewith all the relevant / required documents as indicated in the attached *Ready Reckoner as per Annexure A*.

I/We confirm that the information provided above is true and correct to the best of my knowledge and belief.

I/We _____ undertake _____ to _____ keep _____ (Name of the Company) / 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.

I/We _____ hereby _____ authorize _____ (Name of the Company) and its RTA to provide/ share any of the information provided by me/us including my holdings in the (Name of the Company) to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place _____	Signature of Claimant(s)
Date _____	

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 D - Individual Affidavits given EACH Legal Heir
- Original security certificate(s)
- Annexure E - Bond of Indemnity furnished by Legal Heirs
- Annexure F - NOC from other Legal Heirs

***Note:** For transmission service requests, Form ISR-4 as per SEBI circular SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/8 dated January 25, 2022 will not be required.