SHAREKHAN LIMITED 1st Floor, Tower No. 3, Equinox Business Park, LBS Marg, Off BKC, Kurla (West), Mumbai 400 070, Maharashtra, India.
Registered Office Address: Tel.: 022 - 6750 2000 I Fax: 022 - 2432 7343 Website: https://www.sharekhan.com • 10th Floor, Gigaplex Bldg. No. 9, Raheja Mindspace, Airoli Knowledge Park Rd, MSEB Staff Colony, TTC Industrial Area, Airoli, Navi Mumbai, Maharashtra 400708, India.
Correspondence Office Address: • Tel: 022 - 61169000/61150000; Fax No. 61169699 DP ID IN300513 • DP SEBI REG. No. IN-DP-365-2018 • For inquires & queries email at dpcall@sharekhan.com

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,
Mirae Asset Sharekhan Limited
Gigaplex IT Park, Unit No 1001, 10th floor,
Building No.9, TTC Industrial Area, Digha,
Airoli - West, Navi Mumbai 400708.

Date: / /

PART A - CLAIMANT AND DECEASED HOLDER INFORMATION

Particulars	**Details**
DP ID - Client ID / Folio No.	
Deceased Holder Name:	
Claimant	
Claimant PAN / PEKRN (Mention only number)	
Category of Claimant	☐ Parent ☐ Spouse ☐ Child ☐ Parent-in-law
Documentary Proof attached	
Target DP ID /Client Id	

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:

☐ 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

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 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 ☐ Resident Minor (through Guardian) ☐ NRI ☐ PIO / OCI ☐ Others (Please specify) _____

Contact details of the Claimant

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

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

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 / Depository fully indemnified and harmless against any loss, claim, demand, or liability arising directly or indirectly therefrom. I/We also acknowledge 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:

Passport □

Marriage Certificate □

Ration Card □

Voter ID □

Aadhaar □

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	Relation 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 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

Contact No. Compliance Officer - Mr. Krunal Rahangadale - Email complianceofficer@sharekhan.com 022-46573809

Branch Stamp **Head Office Stamp**