Request for Transmission of Securities by Nominee or Legal Heir Annexure C -(For Transmission of securities on death of the Sole holder) ISR 5 To: The Listed Issuer/RTA, (Address) (Name of the Listed Issuer/RTA) Name of the Claimant(s) Mr./Ms. Name of the Guardian ☐ in case the claimant is a minor → Date of Birth of the minor* Relationship with Minor: Father ☐ Mother ☐ Court Appointed Guardian* [Multiple PAN may be entered] PAN (Claimant(s)/Guardian): Acknowledgment attached KYC form attached Tax Status: ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ NRI (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 -☐ Legal Heir ☐ Successor to the Estate of the deceased □ Nominee □ Administrator of the Estate of the deceased Name of the deceased holder(s) Date of demise** 1) 2) 3) **Please attach certified copy of Death Certificate. Securities(s) & Folio(s) in respect of which Transmission of securities is being requested No. of % of Claim[@] Name of the Company Folio No. Securities 1) 2) 3)

@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.

4)

Contact details of the Claimant (s) [Provision for multiple entries may be made]

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		
City:	State PIN	
Bank Account Details of the	e 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		
	celled cheque with claimant's na duly attested by the Bank Manag	•
securities holder(s) by dire	ne UNCLAIMED amounts, if and oct credit to the bank account on (Please tick√ whichever is approximately).	mentioned above.
	tor Service Public Sector Se	,
□Agriculturist □Retired □F	Home Maker □ Student □ Fore (Please specify)	ex Dealer Others
The Claimant is □ a Politica Person □ Neither (Not appl	ally Exposed Person □ Rela licable)	ted to a Politically Exposed
Gross Annual Income (₹) 25 Lacs-1crore □ >1 crore	□Below 1 Lac □1-5 Lacs □	□ 5-10 Lacs □10-25 Lacs □
FATCA and CRS information		
Country of Birth		Place of Birth
Nationality Are you a tax resident of an	y country other than India?	□Yes □No
If Yes, please mention all th	e countries in which you are res ication Number and its identifica	sident for tax purposes and the
Country	Tax-Payer Identification Numb	

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

		ıı you do	not wish to
 I/We wish to make a nomination and described in the attached Nominatio folio in the event of my / our death. 	n Form to receive th	ne securit	ies held in my/our
@ Guardian of a minor is not allowed to n	nake a nomination o	n behalf d	of the minor
Declaration and Signature of the Claims I/We have attached herewith all the releast attached Ready Reckoner as per Annexus I/We confirm that the information provide knowledge and belief.	evant / required doc re A.		
I/We undertake	to)	keep
Company) / its RTA informed about any of future and also undertake to provide any of the RTAs. I/We he	ther additional inforn		
i/vve ne	ereby		(Name of the
Company) and its RTA to provide/ share a my holdings in the (Name of the Compa authorities/agencies as required by law warme. Place	ny) to any governm	ental or	statutory or judicial
Date			
Date	Signature of Claim	ant _(S)	

*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.