

**Form ISR – 5**

**REQUEST FOR TRANSMISSION OF SECURITIES  
BY NOMINEE OR LEGAL HEIR**

*[For Transmission of securities on death of the Sole holder]*

To,

**UTI Asset Management Company Limited**

UTI Tower ‘Gn’ Block  
Bandra Kurla Complex  
Bandra (East) Mumbai – 400 051.

**KFin Technologies Limited**

*(Formerly known as KFin Technologies Private Limited)*

Selenium Tower B Plot 31 & 32 Financial  
District Nanakramguda Serilingampally Mandal  
Hyderabad - 500 032.

<p><b>Name of the Claimant(s) :</b></p> <p>1. _____</p> <p>2. _____</p>
<p><input type="checkbox"/> <b>In case the claimant is a minor:-</b></p> <p>Date of Birth of the minor* : _____</p> <p>Name of the Guardian : _____</p> <p>Relationship with Minor:   <input type="checkbox"/> Father   <input type="checkbox"/> Mother   <input type="checkbox"/> Court Appointed Guardian*</p>
<p><b>[Multiple PAN may be entered]</b></p> <p>PAN (Claimant(s) / Guardian): □□□□□□□□□□</p> <p><input type="checkbox"/> KYC Acknowledgment attached   <input type="checkbox"/> KYC form attached</p>
<p><b>Tax Status:</b>   <input type="checkbox"/> Resident Individual   <input type="checkbox"/> Resident Minor (through Guardian)   <input type="checkbox"/> NRI   <input type="checkbox"/> PIO</p> <p><input type="checkbox"/> Others _____ (please specify)</p>

*\*Please attach relevant proof*

<p>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 –</p> <p><input type="checkbox"/> Nominee   <input type="checkbox"/> Legal Heir   <input type="checkbox"/> Successor to the Estate of the deceased</p> <p><input type="checkbox"/> Administrator of the Estate of the deceased</p>	
<b>Name of the deceased holder(s)</b>	<b>Date of demise**</b>
1. _____	DD / MM / YYYY
2. _____	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 <sup>@</sup>
1.			
2.			
3.			
4.			

*@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) [Provision for multiple entries may be made]**

<b>Mobile No.:</b> +91 _____	<b>Tel. No.:</b> _____
<b>Email Address:</b> _____	

**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 (✓): <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 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)

<p><b>Occupation</b></p> <p><input type="checkbox"/> Private Sector Service   <input type="checkbox"/> Public Sector Service   <input type="checkbox"/> Government Service   <input type="checkbox"/> Business</p> <p><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</p> <p><input type="checkbox"/> Others _____ (Please specify)</p>
<p>The Claimant is</p> <p><input type="checkbox"/> a Politically Exposed Person</p> <p><input type="checkbox"/> Related to a Politically Exposed Person</p> <p><input type="checkbox"/> Neither (Not applicable)</p>
<p><b>Gross Annual Income (₹)</b>   <input type="checkbox"/> Below 1 Lac   <input type="checkbox"/> 1-5 Lacs   <input type="checkbox"/> 5-10 Lacs   <input type="checkbox"/> 10-25 Lacs</p> <p><input type="checkbox"/> 25 Lacs-1crore   <input type="checkbox"/> &gt;1 crore</p>

**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		
<b>Country</b>	<b>Tax-Payer Identification Number</b>	<b>Identification Type</b>

**Nomination<sup>@</sup>** (Please ✓ one of the options below)

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

*@ 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 UTI Asset Management Company Limited / its RTA *i.e.* KFin Technologies Limited 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 UTI Asset Management Company Limited / its RTA *i.e.* KFin Technologies Limited to provide / share any of the information provided by me / us including my holdings in the UTI Asset Management Company Limited to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

<b>Place:</b> <b>Date:</b>	<b>Signature of Claimant(s):</b>
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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 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.***