Transmission Request Form-cum-Undertaking for Quick Transmission Processing (QTP) Where No Nominee is Registered

To: Date: _____

Tradebulls Securities Private Limited

Tradebulls House, Sindhubhavan Road, Bodakdev, Ahmedabad-380054, Gujarat.

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

DP ID - Client ID / Folio No.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN / PEKRN (Mention only number)	
Category of Claimant	☐ Parent ☐ Spouse ☐ Child ☐ Parent-in-law
Documentary Proof attached (Refer Annexure - A for the documents list)	

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 (Select appropriate category)

	Legal Heir
	Successor to the Estate of the deceased
	Administrator of the Estate of the deceased

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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:

Sr. 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:

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 table and that we are the only legal heirs/legatees of the deceased holder.

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:

Sr. 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).		

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5.	If claimant is a minor – Copy of Birth Certificate or School leaving certificate/ Passport or Aadhaar (where the 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)

Tick as applicable

	KC Acknowledgment attached		KYC form attached

Tax Status (select)	
	Resident Individual
	Resident Minor (through Guardian)
	NRI
	PIO/OCI
	Others (please specify)

Contact details of the Claimant

Mobile No: _____ Tel No._____
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_____

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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 knowledge 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.

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ANNEXURE-A: PROOF OF RELATIONSHIP *In case none of the below documents are available, submit a Notarized Affidavit (ANNEXURE-B: DRAFT OF THE AFFIDAVIT)	
Birth certificate which lists the parent's name	
School leaving certificate	
School records/service records	
Passport	
Marriage Certificate	
Ration Card	
Voter ID	
Aadhar	
Permanent Account Number	
Will	
Legal Heirship Certificate	
Court Decree	
Letter of Administration	
Succession Certificate	
Probate of Will (where available)	

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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:

Sr. No.	Company/und 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:

Sr. 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.

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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 we 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