

ANNEXURE O

TRANSMISSION FORM

| | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|

To,
Name of Participant
Address of Participant

I/We, the undersigned, being the

Executor(s) of the Will

Legal heir(s)

Administrator(s) of the Estate

Joint holder(s)

Successor(s) to the Estate

Nominee

Survivors of HUF

of Mr./Mrs./Ms. _____, the deceased, of which *nomination/probate/letter of administration/succession certificate was duly granted to me/us on the _____ day of _____ of _____ hereby request you to register me/us as the beneficial owner(s) in respect of the securities standing in the name of the said deceased under Client Id _____ DP Id _____, the details of which are as follows:

| ISIN | Name of Company | No. of securities |
|------|-----------------|-------------------|
| | | |
| | | |
| | | |

I/We give hereunder the details of my/our account with a Participant to which the security balances are requested to be transmitted:

| Name | Client Id | DP Id |
|------|-----------|-------|
| | | |
| | | |
| | | |
| | | |

I/We hereby submit the following documents to support my claim for the said securities.

Death certificate

Indemnity

Succession certificate

Affidavit

Probate of the Will

Letter of surety

Letter of Administration

No objection certificate(s)

Court Decree

Deed of Partition

| Sr. No. | Name | Signature |
|---------|------|-----------|
| | | |
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| | | |

Note:

1. This request form should be signed by the surviving joint holder(s)/legal heir(s)/legal representative(s)/nominee/all surviving members of the HUF, as the case may be.
2. *Strike off whichever is not applicable.

**Indemnity to be executed on Non-judicial Stamp paper of appropriate value
LETTER OF INDEMNITY**

(to be given by claimant(s) where no nomination has been made)

To,
DP and NSDL
Address

Dear Sirs,

Sub : Transmission of securities standing in the name of Late Mr./Mrs. _____.

I/We hereby inform you that Mr./Mrs. _____ the deceased, was holding a Client account no. _____ with _____ a Depository Participant having DP id _____. The said deceased was holding the following securities :

| ISIN | Name of Company | No. of securities |
|------|-----------------|-------------------|
| | | |
| | | |
| | | |

The said deceased died intestate without leaving a Will on the _____ day of _____.

We further inform you that he/she left behind him/her as his/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death.

- (a) _____
- (b) _____
- (c) _____

We have, therefore, approached you with a request to transfer the aforesaid securities in the name of the undersigned Mr./Mrs./Ms. _____ on my/our behalf without insisting of production of a succession certificate or an order of the court of competent jurisdiction and you have kindly agreed to do so on my/our executing an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration therefore of your having at our request agreed to transfer securities to the name of the undersigned _____ I/we hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless you and your successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages etc., whatsoever which you may suffer and/or incur by reason of your, at my/our request, transferring the said securities as herein above mentioned, to the undersigned _____ without insisting on production of a succession certificate or an order of the court of competent jurisdiction.

IN WITNESS WHEREOF THE said _____ [name(s) of applicant(s)] have here unto set their respective hands and seals this _____ day of _____ of _____.

Signed, sealed and delivered by the said applicant(s)

Signature(s) of applicant(s)

Deed of Indemnity provided by each of the surviving members of the HUF indemnifying NSDL from and against all losses, liability, costs and expenses, including legal fees

(Rs. 200 stamp paper)

DEED OF INDEMNITY

(In case of transmission of securities held by Karta of HUF)

THIS DEED OF INDEMNITY is made at _____ this _____ day of _____ 200_:

By:

| Sr. No. | Name of Applicant | Age | Gender | Address |
|---------|-------------------|-----|--------|---------|
| | | | | |
| | | | | |
| | | | | |

(Collectively, "**Surviving Members**")

IN FAVOUR OF:

_____ (Name of Participant), and having its registered address at _____ and acting as a duly registered Participant under the provisions of The Depositories Act, 1996, Regulations and Bye Laws made thereunder (hereinafter referred to as "Participant", which expression shall, unless it be repugnant or contrary to the context thereof, mean and include its successors and permitted assigns)

AND

National Securities Depository Limited (NSDL), and having its registered address at 4th Floor, Trade World, "A" Wing, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai 400 013 and acting as a duly registered Depository under the provisions of The Depositories Act, 1996, Regulations and Bye Laws made thereunder (hereinafter referred to as "NSDL", which expression shall, unless it be repugnant or contrary to the context thereof, mean and include its successors and permitted assigns)

WHEREAS:

- A. The Surviving Members are members of Hindu Undivided Family ("HUF"), which holds a beneficial owner account in the name of _____, the Deceased Karta, with the Participant bearing Client Id _____ ("the said beneficial owner account"), with Participant having DP Id _____;
- B. _____ ("**the Deceased Karta**") was named as the account holder in the said beneficial owner account.
- C. The Deceased Karta passed away on _____.
- D. _____ is the new Karta of our HUF and shall hold the securities lying to the credit of the said Demat Account.
- E. The surviving members have requested the Participant to transmit the securities held in the said beneficial owner account held in the name of the Deceased Karta to the beneficial owner account opened in the name of the new Karta and bearing Client Id _____ held with _____ (Name of Participant) DP Id _____ and to effect the change in beneficial ownership.

F. The surviving members have requested the Participant to effect the foregoing change by transmitting the securities held in the said beneficial owner account held by the Deceased Karta to the beneficial owner account held in the name of the new Karta, who has been solemnly affirmed on oath to be the newly elected Karta, without insisting on production of a succession certificate or an order of the court of competent jurisdiction, which we undertake to file with the Participant no sooner than the same is available to us, and which we shall pursue in right earnest.

THIS DEED WITNESSTH that in consideration of _____ the Participant agreeing to process the aforesaid request for change of account holder by transmitting the securities held in the said beneficial owner account held in the name of the Deceased Karta to the beneficial owner account held in the name of the new Karta (Client Id _____; DP Id _____), that we hereby jointly and severally indemnify _____ the Participant and NSDL and agree to keep indemnified and hold the Participant and NSDL saved, harmless and defended for all time hereafter from and against all losses, claims, legal proceedings, actions, demands, risks, charges, taxes, duties, damages, costs, expenses, including attorney and legal fees and penalties whatsoever which may be initiated against the Participant or NSDL by reason of the Participant having agreed at our request to change the name of the account holder of the said beneficial owner account from the Deceased Karta to the new Karta as aforesaid without insisting on production of a succession certificate or an order of the court of competent jurisdiction. If called upon by the Participant or NSDL to do so, we shall join any proceedings that may be initiated against the Participant and or NSDL and we shall defend at our cost any such proceedings. Further, we shall initiate such proceedings as may be considered necessary by the Participant and or NSDL, if called upon by the Participant and or NSDL to do so, in order to protect the Participant's and or NSDL's interests and to further and perfect the indemnity granted hereby in favour of NSDL.

IN WITNESS WHEREOF:

Dated this ___ day of _____ 200__

Signed and delivered by the Surviving Members:

| Name of Surviving Member(s) | Signature(s) |
|-----------------------------|--------------|
| | |
| | |
| | |
| | |

Before me
Notary Public

SURETY

(to be given by claimant(s) where no nomination has been made)

I the undersigned certify that the above facts are true to the best of my knowledge and bind myself as surety to make good all claims, charges, costs, damages, demands, expenses and losses which the Participant/NSDL, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the applicant(s) herein and the Participant/ NSDL and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

Signature of Surety

Name : _____

Address _____

Date : _____

Place : _____

(Signature of Magistrate/Notary)

Full Name and : _____

Address of _____

Magistrate/ _____

Notary _____

PIN

Regd. No. _____

Use space below to affix:

| | |
|--------------------------|------------------------------------|
| Notarial/Court Fee Stamp | Official Seal of Magistrate/Notary |
|--------------------------|------------------------------------|

Note: This indemnity is to be executed in the presence of a first class or stipendiary

Magistrate/Public notary
/Judicial.

This affidavit is to be executed on Non-judicial Stamp paper of appropriate value.

AFFIDAVIT

(to be given by legal heir(s) when nomination has not been made)

I _____ son/daughter/spouse of _____ residing at _____ do hereby solemnly affirm on oath and state as under :-

1. That Mr./Mrs. _____ the deceased, was holding a Client account no. _____ with _____ a Depository Participant having DP Id _____. The said deceased was holding the following securities :

| ISIN | Name of Company | No. of securities |
|------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |

2. That the deceased had died intestate on _____ at _____.
3. That the following are the only legal heir(s) of late Mr./Mrs. _____.

| | Name | Address | Age | Relationship with the deceased |
|---|------|---------|-----|--------------------------------|
| | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

4. That out of aforesaid legal heirs Master/Kum. _____ aged _____ years is a minor and he/she is being represented by his/her father/mother and natural guardian Mr./Mrs. _____.
5. That all the legal heirs of my deceased _____ have applied to _____ **(DP name)** to register the aforesaid securities in my/our individual/ joint beneficial owner account and have executed a Letter of Indemnity in favour of the Participant/NSDL holding the Participant/NSDL indemnified against any loss, cost, expenses or damages which may be caused to them in consequence of any claim which may be made by or on behalf of any person claiming any interest in the said shares.

DEPONENT

VERIFICATION

(to be given by legal heir(s) when nomination has not been made)

I hereby solemnly affirm and say that what is stated herein above are true to my knowledge and nothing has been concealed therein and that I am competent to contract and entitled to rights and benefits of the above securities.

Solemnly affirmed at _____ on the _____ day of _____ of _____.

Signed in the presence of

Full Name and : _____

Address of _____

Magistrate/ _____

Notary _____

Pin :

Regd. No _____

(Signature of Magistrate/Notary)

Use space below to affix:

| | |
|---------------------------|------------------------------------|
| Notorial/Court Fee Stamps | Official Seal of Magistrate/Notary |
|---------------------------|------------------------------------|

- Notes:**
1. This affidavit is to be executed in the presence of a first class or stipendiary Magistrate/Public notary /Judicial.
 2. This affidavit should be signed by each deponent separately.

This affidavit is to be executed on Non-judicial Stamp paper of appropriate value.

AFFIDAVIT

(to be given by Nominee. In case of Minor Nominee the Guardian shall execute the same)

I _____ son/daughter/spouse of _____ residing at _____ do hereby solemnly affirm on oath and state as under :-

1. That Mr./Mrs. _____ the deceased, was holding a Client account no. _____ with _____ a Depository Participant having DP Id _____. The said deceased was holding the following securities :

| ISIN | Name of Company | No. of securities |
|------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |

2. That the deceased made a valid Nomination in favour of :- _____
3. That the aforesaid nominee Master/Kum. _____ aged _____ years is a minor and he/she is being represented by his/her father/mother and natural guardian Mr./Mrs. _____.
4. That the nominee / has applied to _____ (**DP name**) to register the aforesaid securities in my individual beneficial owner account having Client Id. _____ and DP Id. _____.

DEPONENT

VERIFICATION

(to be given by Nominee. In case of Minor Nominee the Guardian shall execute the same)

I hereby solemnly affirm and say that what is stated herein above are true to my knowledge and nothing has been concealed therein and that I am competent to contract and entitled to rights and benefits of the above securities.

Solemnly affirmed at _____ on the _____ day of _____ of _____.

Signed in the presence of

Full Name and : _____

Address of _____

Magistrate/ _____

Notary _____

Pin :

Regd. No _____

(Signature of Magistrate/Notary)

Use space below to affix:

| | |
|---------------------------|------------------------------------|
| Notarial/Court Fee Stamps | Official Seal of Magistrate/Notary |
|---------------------------|------------------------------------|

- Notes:**
1. This affidavit is to be executed in the presence of a first class or stipendiary Magistrate/Public notary /Judicial.
 2. This affidavit should be signed by each deponent separately.

LETTER OF NO OBJECTION

(not required in case of Nomination)

Date

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

To,
Name of Participant
Address of Participant

Dear Sirs,

Re : Transmission of security balances standing in the name of late _____ under Client Id _____ DP Id _____.

- 1. In connection with the above, I wish inform you that Mr./Mrs. _____ expired on _____ and was holding the following securities under the Client Id _____ and DP Id _____.

| ISIN | Name of Company | No. of securities |
|------|-----------------|-------------------|
| | | |
| | | |
| | | |
| | | |

- 2. I the undersigned, residing at _____, am a legal heir of the said deceased.
- 3. I do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr./Mrs. _____ who has/have opened a beneficial owner account(s) under Client Id _____ and DP Id _____.
- 4. In consideration of registration of the aforesaid securities in the client account of Mr./Mrs. _____ under DP Id _____ Client Id _____ at my request, I hereby agree to renounce all my rights existing as well as they may accrue to me in future in respect of the aforesaid securities.

Signed in the presence of

Bank Manager

Signature of the legal heir

Full Name and Address of Bank Manager

Note: This letter of No Objection should be signed by each legal heir separately.

LETTER OF SURETY

(not required in case of Nomination)

Name of Surety * _____
Permanent Residential _____
Address _____
_____ Pin _____

Age _____ years Permanent Account No. ** _____

* *A person cannot stand as surety for spouse/ family member* ** *Furnish proof of PAN*

(Fill in any one or more of the following boxes, whichever is applicable)

A. Details of Employment

- 1. Name of Employer : _____
- 2. Place of Employment : _____

- 3. Annual salary : _____
- 4. Other emoluments : _____

B. Details of immovable property owned :

(Absolutely in own name and not as member of a joint & undivided Hindu family. Specify whether the immovable property consists of houses or mere land)

- 1. Within the municipal limits : _____
- 2. Situation : _____
- 3. Value : _____
- 4. Annual rent realised : _____

C. Details of business owned

(absolutely in own name and not as a partner)

- 1. Name of organisation : _____
- 2. Nature of business and location : _____
- 3. Annual turnover : _____
- 4. Annual profits : _____

Date : _____

(Signature of Surety)

Full Name and Address of Bank Manager Signed in the presence of

_____ Pin _____

(Bank Manager)

Affidavit from the surviving members of the HUF declaring that the person designated by them is indeed the new Karta of the HUF and as to completeness and accuracy of the information provided.

AFFIDAVIT

(In case of transmission of securities held by Karta of HUF)

We, the applicants listed below, residing at the respective addresses set out below,

| Sr. No. | Name of Applicant | Age | Gender | Address |
|---------|-------------------|-----|--------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

do hereby solemnly affirm on oath and state that as under:

1. _____ ("the Deceased Karta") was holding a beneficial owner account bearing Client Id _____; DP Id _____ ("the said beneficial owner account") with _____, (Name of the Participant), as the Karta for and on behalf of our HUF.
2. The Deceased Karta passed away on _____.
3. We are all the surviving members of a Hindu Undivided Family ("HUF").
4. We state and declare that the aforesaid list of surviving members is complete and exhaustive, and does not leave out any member of the HUF. We affirm that this list is accurate in all respects whatsoever.
5. The said Deceased Karta was holding the following securities in the said Demat Account: (Applicants to reproduce from the latest Transaction Statement or Statement of Holdings)
6. _____ is the new Karta for our HUF and shall hold the securities lying to the credit of the said beneficial owner account. We confirm to _____ (Name of the Participant) that the new Karta is indeed the new Karta of our HUF.
7. We have requested that the securities be transmitted from the said beneficial owner account held by the Deceased Karta to the beneficial owner account opened in the name of the Designated Karta (Client Id _____; DP Id _____) and have filed a Transmission Form on _____ (date). We state that all the information provided therein and in this Affidavit is complete and accurate in all respects and that all the members of the HUF are fully aware of the above request made to the Participant and there is no pending dispute, difference, objection or claim to the same among any of the members of the HUF in this regard.

V E R I F I C A T I O N

We hereby solemnly affirm and say that what is stated herein above are true to my knowledge and nothing has been concealed therein.

Solemnly affirmed at _____, this _____ day of _____ 200__:

| Sr. No. | Name of Applicant (s) | Signature |
|---------|-----------------------|-----------|
| | | |
| | | |
| | | |
| | | |

Before me
Notary Public