

Additional KYC Information of the First Claimant (Please tick ✓ whichever is applicable)

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

FATCA and CRS information of the First Claimant:

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 in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below		
Country	Tax-Payer Identification Number	Identification Type

Nomination® (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form SH-13 to receive the securities held in my/our folio in the event of my / our death.

@ Guardian of a minor is not allowed to make a nomination on behalf of the minor

Declaration & 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 _____ (Name of the Company) / its RTA 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 _____ (Name of the Company) and its RTA to provide/ share any of the information provided by me/us including my holdings in the (Name of the Company) to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

I/We 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 as per the Bank Details mentioned hereinabove.

Particulars of the Claimant(s): All the above facts and documents as enclosed are true and correct and I/We authorize the RTA to update the same.

	First Claimant	Second Claimant	Third Claimant	Fourth Claimant
Signatures				
Name				
Address				
PIN				

Place: _____	Date : _____
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Documents Attached:

Some of the forms have Hyperlink- Click to download the required forms as per the below list:

<input type="checkbox"/> Copy of Death Certificate(s) of the deceased holder(s), duly attested	<input type="checkbox"/> Copy of Birth Certificate (in case the Claimant is a minor), duly attested
<input type="checkbox"/> Copy of PAN Card(s) of all Claimant(s) / Guardian, self attested	<input type="checkbox"/> KYC Acknowledgment OR KYC form of Claimant
<input type="checkbox"/> Original cancelled cheque with claimant's name printed OR Claimant's Bank Statement/Passbook duly attested by Bank Manager	<input type="checkbox"/> Nomination Form [SH-13] duly completed
<input type="checkbox"/> Individual Affidavits given by EACH Legal Heir(s)	<input type="checkbox"/> Original security certificate(s)
<input type="checkbox"/> Bond of Indemnity furnished by all Legal Heir(s) including claimant(s)	<input type="checkbox"/> NOC from other Legal Heir(s)

*Note: For transmission service request, Form ISR-4 as per SEBI Circular SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR /2022/8 dated January 25, 2022 will not be required.