

Transmission Request Form-cum-Undertaking for Quick Transmission Processing (QTP)

Where No Nominee is registered

(જયારે નોમિની Registered ના હોય અને holding value 30000 અથવા તેથી ઓછી હોય)

Tick (☐→☒) the boxes wherever applicable and fill in the details legibly.

To

Date:

ACML CAPITAL MARKETS LIMITED

KAMDHENU COMPLEX, OPP. SAHAJANAND COLLEGE

NR.PANJRAPOLE, AMBAWADI,

AHMEDABD - 380015

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION (અરજદાર અને મરણ પામેલ વ્યક્તિ ની વિગત)

DP ID - Client ID / BO ID મૃતક વ્યક્તિ નો ડિમેટ એકાઉન્ટ નંબર	I	N	3	0	2	4	6	1											
	1	3	0	1	5	2	0	0											
Deceased Holder Name: વ્યક્તિનું નામ																			
Claimant Name અરજદાર નું નામ																			
Claimant PAN / PEKRN (Mention only number) અરજદાર નો PAN																			
Category of Claimant (અરજદાર ની કેટેગરી)	☐ Parent ☐ Spouse ☐ Child ☐ Parent-in-law																		
Documentary Proof attached (Refer Annexure – A for the documents list)																			

PART B – TRANSMISSION REQUEST FORM

I, the claimant _____ (Claimant Name - અરજદાર નું નામ)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

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

PART C – UNDERTAKING

I/We _____, legal heir(s) (કાનૂની વારસદારો નું નામ) of Late Mr./Ms. _____ (“Name of the Deceased Holder”) (મરણ પામેલ વ્યક્તિનું નામ, 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:

☐ **As per attached Holding Statement**

S. 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					
2					
3					

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)* કાનૂની વારસદારો નું નામ	Age	Relationship with the deceased

*Where any legal heir is a minor, such minor is represented herein by his/her natural/legal guardian. (*જ્યાં કોઈ કાનૂની વારસદાર સગીર (માઇનોર) હોય, ત્યાં તે સગીરનું પ્રતિનિધિત્વ તેના કુદરતી/કાનૂની guardian કરશે)

Therefore, I/We, the Legal Heir(s)/Claimant(s), have approached **ACML CAPITAL MARKETS LIMITED**(Name of the DP) 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)] (કાનૂની વારસદારો / અરજદાર નું નામ), on my/our behalf.
I/We, am/are furnishing the documents as mentioned below for transmission of the securities in our name:

S. 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).	☐	
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) અરજદાર ની અન્ય માહિતી

(આ PART - D માત્ર SOA – Mutual Fund માં રાખવામાં આવેલા યુનિટ્સના ટ્રાન્સમિશન માટે લાગુ પડશે)

☐ KYC Acknowledgment attached ☐ KYC form attached

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

Contact details of the Claimant

Mobile No.	Tel. No.	STD -
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

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 અરજદાર ની સહી	
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.

ANNEXURE-A: PROOF OF RELATIONSHIP (સંબંધનો પુરાવો)

A self-attested copy of the proof of relationship as referred to above is enclosed herewith:

Tick against the document* given as proof of Relationship **રિલેશનશન PROOF તરીકે જે**
ડોક્યુમેન્ટ્સ આપવામાં આવે છે તેની આગળ ટિક કરો

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) ☐

***In case none of the above documents are available, a notarized Affidavit in the format given in Annexure-B.**

*જો ઉપરોક્તમાંથી કોઈ પણ દસ્તાવેજ ઉપલબ્ધ ન હોય, તો પરિશિષ્ટ-બી (Annexure-B) માં આપેલા ફોર્મેટમાં નોટરાઇઝ્ડ એફિડેવિટ (સોગંદનામું) આપવાનું રહેશે.



ACML CAPITAL MARKETS LIMITED

(Formerly ASE Capital Markets LTD.)

Member :BSE (CASH,F&O), NSE(CURRENCY, CASH, F&O), NSDL DP, CDSL DP.

SEBI Registration Numbers:INZ000260134,

NSDL- IN 302461, CDSL- 13015200, CIN NO. U67120GJ2000PLC037431, GST NO: 24AADCA4629D1Z4.

Dear Sir/Madam,

Date:

Sub.: Intimation of demise information.

Ref.: PAN

& Account Number:

I/We regret to inform you about the demise having the above PAN / Folio / Account, where I/We is/are the joint holder(s) / registered nominee(s) in the accounts maintained with your organisation / entity. Original downloaded / self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the self attested copy of deceased person for PAN or any other valid ID proof for necessary validation.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication / contacts in this regard and not for updation in KYC records or in any of the accounts.

Details	Joint Holder1 / Nominee1	Joint Holder2/ Nominee2	Nominee3
Name			
PAN			
Relation			
Mobile			
Email			
Address			

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

Signature:

Joint Holder1 / Nominee1	Joint Holder2/ Nominee2	Nominee3

Encl.:

Death certificate – Original downloaded or self-attested copy;
PAN or other ID proof of Deceased person attested by Notifier;
My/our self-attested PAN card copy(ies) or any other self-attested valid ID proof.

SEBI CIR / HO / OIAE / OIAE - IADII / P /

2023/ 163, ઓક્ટો. 2023 મુજબ આ તા. ૧/૧/૨૦૨૪ થી અમલમાં આવશે.

ડ્રાન્સમીશનના કેસમાં મૃતકનું ^{ડેથ} સર્ટિફિકેટ, પાન, આધાર ત્યારબાદ જે ખાતામાં ડ્રાન્સફર થતા હોય તેવા સીંગલ, બેઇન્ટ કે નોમીની જે પડા લાગુ પડ્યાં હોય તે તમામના સંબંધ સાથે પાન, આધાર, મેઇલ, મોબાઇલ અને એડ્રેસ આપેલ ફોર્મેટ મુજબનું ફોર્મ ભરી ડીપીને તાત્કાલિક મોકલવું, જેથી કોમ્પ્લાયન્સ લેવેલે સરળતા રહે. ઉપરોક્ત ફોર્મ સાથે ડોક્યુમેન્ટ્સ તાત્કાલિક જમા કરાવવાં ફરજિયાત છે. આ મૃત્યુની માહિતી KRA સિસ્ટમમાં ચકાસણી બાદ રેકૉર્ડ ~~અપડેટ~~ ફરજિયાત અપડેટ કરવાની જવાબદારી મધ્યસ્થીની છે.

ડોક્યુમેન્ટ્સ

- (૧) મૃતકનું ~~જ~~ ડેથ સર્ટિફિકેટ
- (૨) મૃતકનું પાનકાર્ડ
- (૩) નોટીફાયર (બેઇન્ટ હોલ્ડર/ નોમીની)નું પાનકાર્ડ
- (૪) ડિમાઇટ્ડ ઇન્ફોર્મેશન એપ્લીકેશન ભરવી

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”) (મરણ પામેલ વ્યક્તિનું નામ) held the following securities:

☐ As per attached Holding Statement

S. 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					
2					
3					

That the aforesaid deceased holder died leaving behind the following persons as the legal heirs without registering any nominee:

S. No.	Name of the Legal Heir(s) કાનૂની વારસદાર(ઓ)નું નામ	Address and contact details	Age	Relation with the Deceased મરણ પામેલ વ્યક્તિ સાથેનો સંબંધ
1				
2				
3				

That among the aforesaid legal heirs, Master/ Kumari. _____ aged _____ years is a minor and is represented by Mr./Ms. _____ (“Name of the Guardian”) being his / her father / mother / legal guardian. .(*જ્યાં કોઈ કાનૂની વારસદાર સગીર (માઇનોર) હોય, ત્યાં તે સગીરનું પ્રતિનિધિત્વ તેના કુદરતી/કાનૂની guardian કરશે)

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.

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.