Annexure-3

Transmission Request Form (For Transmission under other than QTP Category)

(For Transmission of Securities / Units on death of the Sole holder / all holders)

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

To:

A.G. Shares and Securities Ltd
20/4 ,1ST FLOOR, MARUTI TOWER,,SANJAY PLACE,
AGRA -282002
DP ID : IN301006
Ph. 0562-4028900

Date: _ _ / _ _ /_ _ _ _

Part A – Claimant and Deceased Holder information

DP ID / Client ID / Folio No.	
Deceased Holder Name:	
Claimant Name	
Claimant PAN / PEKRN (Mention only number)	

Part B – Details of Securities

I/We, the Nominee / Legal Heir / Claimant of the above referred deceased investor(s), 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) as listed below in my/our favor in my/our capacity as☐ Nominee(s)☐ Legal Heir ☐Successor to the Estate of the deceased ☐Administrator of the Estate of the deceased

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					From: To:
2					From: To:
3					From: To:

Part C – Other information about Nominee / Legal Heir / Claimant (Applicable only for transmission of units held in SOA)

☐ KYC Acknowledgment attached ☐ KYC form attached

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

Contact details of the Nominee / Legal Heir / 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 Nominee / Legal Heir / Claimant

Bank Name:	
Account No.	|11-digit IFSC:
A/c. Type (✓) ☐S B ☐ Current ☐ NRO ☐ NRE ☐ FCNR | 9-digit MICR No.	
Name of bank and branch:	
City:	PIN:

Please attach & tick✓ Cancelled cheque with claimant's name printed **OR** Claimant's Bank Statement/Passbook.

Part D – Consent by other Nominee(s) to be added as Joint Holder(s)
(Applicable only in case of claims submitted by nominee)

Other nominee(s) nominated by the deceased holder in the above referred folio(s) as listed below hereby consent to transmit the units with me as the first holder and add other nominee(s) as Joint Holder(s) in the new transmitted folio.

Name of the Nominee(s) to be added as joint holder	PAN/ PEKN	KYC Compliance*

*if KYC not compliance/not done, KYC form with relevant supporting documents to be submitted.

I/We hereby provide my/our consent to add me/us as Joint Holder in the new transmission folio where claimant would be the first holder.

Name of the Nominee(s) to be added as joint holder	Signature

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 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.

Claimant 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.

Documents checklist to be annexed along with the transmission request form.

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 / Copy of Statement of Account (if applicable)	☐	
5	If claimant is a minor - Birth Certificate or School leaving certificate/ Passport or last four digits of 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	Nomination Form or Nomination Opt-Out form	☐	
8	FATCA-CRS Declaration in a prescribed format	☐	
9	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)	☐	

S. No.	Document	Submitted	Remarks
10	Notarised indemnity bond indemnifying the RTA / listed entity/AMC as may be applicable	☐	
11	Notarised affidavit cum NOC from all legal heirs, confirming identification and claim of legal ownership to the securities and no objection OR copy of family settlement deed executed by all legal heirs, duly attested by a notary public, gazetted officer, or accepted and approved by a magistrate, judge or civil court.	☐	
12	Notarised affidavit cum NOC from all legal heirs, confirming identification and claim of legal ownership to the securities and no objection	☐	
13	Any ONE of the following succession documents: Copy of Will as may be applicable in terms of Indian Succession Act,1925, along with a notarized indemnity bond from the legal heir(s)/claimant(s) to whom the securities have to be transmitted OR Legal Heirship Certificate or its equivalent issued by relevant authority which will mean a revenue authority not below the rank of a Tehsildar or equivalent authority, along with a notarized indemnity bond from the legal heir (s)/claimant(s) to whom the securities have to be transmitted; OR Copy of Succession certificate or Letter of Administration or Court Decree.	☐	

Note:

1. For claim submitted by nominee, only documents specified at serial no. 1-9 shall be submitted.
2. For claim submitted by legal heir(s)/claimant(s) under “Simplified” category, documents specified at serial no. 1-11, as applicable, shall be submitted.
3. For claim submitted by legal heir(s)/claimant(s) under “Above Threshold” category, documents specified at serial no. 1-9, 12 and 13, as applicable, shall be submitted.

Letter Format - Intimation of Demise information by the Joint Holder(s) / Nominee(s).

Date:

A G Shares & Securities Ltd.
Shop no.1,First Floor,Maruti Tower
Sanjay Place,Agra 282002
Ph No.0562-4028900

Dear Sir/Madam,

Sub.: Intimation of demise information.

Ref.: PAN _____ & Account Number:_____

I/We regret to inform you about the demise having the above PAN / 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.

ANNEXURE Q

APPLICATION FOR CLOSING AN ACCOUNT

(For Beneficiary Account only)

Date	D	D	M	M	Y	Y	Y	Y

To,
A.G. SHARES & SECURITIES LTD.
Shop No.2, Block 20/4, Ist Floor, Maruti Tower, Sanjay Place, Agra
Ph: 0562-**2850761**, **8755501234**
DP ID : IN301006

1. I / We hereby request you to close my/our account with you as per following details:

Name of the holder(s)	
Sole/ First Holder	
Second Holder	
Third Holder	

2. Reason/s for Closure of depository account: ______________________

3. Client ID (of account to be closed)

4. Please tick the applicable option(s)

☐ Option A [There are no balances / holdings in this account]

☐ Option B [Transfer the balances / holdings in this account as per details given]

- ☐ Transfer to my / our own account *(Provide target account details and enclose Client Master Report of Target Account)*
- ☐ Transfer to any other account *(Submit duly filled Delivery Instruction Slip signed by all holders)*

Target Account Details									
☐ NSDL	DP ID								
☐ CDSL	Client ID								

☐ Option C [Rematerialise / Reconvert (*Submit duly filled Remat / Reconversion Request Form-for mutual fund units*)]

5. Signature(s)

Sole / First Holder	
Second Holder	
Third Holder	

= =

Acknowledgement

We hereby acknowledge the receipt of the your request for closing the following Account subject to verification:

DP ID		Client ID	
Name of Sole / First Holder			
Name of Second Holder			
Name of Third Holder			
Signature of the Authorised Signatory Date		Seal/ Stamp of Participant	

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