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

Canara Bank Securities Ltd
A Wholly Owned Subsidiary Of Canara Bank

Annexure-2

Application Number:_____

*(Please fill all the details in Block Letters in English). *Tick (☐→☑) the boxes wherever applicable and fill in the details legibly. **Date:** ___/___/20___

To,

CANARA BANK SECURITIES LTD,
NO,51, 1ST FLOOR, 1ST CROSS, BGSE TOWERS,
JC ROAD, BANGALORE – 560027

☐ **NSDL**

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

DP ID - Client ID	
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 herein above table, hereby inform you about the demise of the above-mentioned security/unit holder(s) and request you to transmit the securities held by the deceased security/unit holder(s) in my favor in my capacity as

Legal heir(s) ☐ **Successor(s) to the Estate** ☐ **Administrator(s) of the Estate** ☐

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:

S. No.	Company / Fund Name with Scheme Name	DP-Client ID	No. of Securities(Shares) Held
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)*	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 **CANARA BANK SECURITIES LIMITED** 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:

PART D – OTHER INFORMATION ABOUT 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)**

Mobile No.	**Tel. No.** **STD-**
Email Address	
Above mobile belongs to **Self** ☐ **Spouse** ☐ **Dependant Parents** ☐ **SON** ☐ **Daughter** ☐	
Above Email belongs to **Self** ☐ **Spouse** ☐ **Dependant Parents** ☐ **SON** ☐ **Daughter** ☐	

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Date: ___/___/20___

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 Code:**

Bank Account Details of the Claimant

Bank Name			
Account No.		**IFSC:**	**MICR:**
A/c. Type (✓) ☐ **SB** ☐ **Current** ☐ **NRO** ☐ **NRE** ☐ **FCNR**			
Name of bank branch		**City:**	**Pincode:**

*Please attach & tick✓ ☐ Cancelled Cheque Leaf (Personalised) **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 **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 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.

ANNEXURE-A: PROOF OF RELATIONSHIP

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

Birth certificate which lists the parent's name ☐	**Will ☐**	**Marriage Certificate ☐**
School leaving certificate ☐	**Legal Heirship Certificate ☐**	**Ration Card ☐**
School records/service records ☐	**Court Decree ☐**	**Permanent Account Number ☐**
Passport ☐	**Letter of Administration ☐**	**Succession Certificate ☐**
Voter ID ☐	**Aadhar ☐**	**Probate of Will (where available) ☐**

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

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Document Checklist:

S.	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 dhaar (where the date of birth is available) – Attested by the Guardian (Natural or).	☐	
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 vit 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 ial Magistrate First Class (JMFC) in lieu of banker's attestation (applicable only for mission of units held in SOA)	☐	

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Additional Annexure for Transmission Request Form

S. No.	Company / Fund Name with Scheme Name	DP ID-Client ID	No. of Securities(Shares) Held
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Claimant(s) Signature _____

Place: **Date:**

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