

# Form ISR-4

(see circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2022/8 dated January 25, 2022 on Issuance of Securities in dematerialized form in case of Investor Service Requests)

## Request for issue of Duplicate Certificate and other Service Requests

(for Securities - Shares / Debentures / Bonds, etc., held in physical form)

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

### A. Mandatory Documents / details required for processing all service request:

I / We are submitting the following documents / details and undertake to request the Depository Participant to dematerialize my / our securities within 120 days from the date of issuance of Letter of Confirmation, received from the RTA/Issuer Company (tick ✓ as relevant, refer to the instructions):

- Demat Account No. (If available):

Provide Client Master List (CML) of your Demat Account from the Depository Participant\*

- Provide the following details, if they are not already available with the RTA (see [SEBI circular dated November 03, 2021](#) in this regard)

PAN	Specimen Signature
Nomination / Declaration to Opt-out	

\* (Your address, e-mail address, mobile number and bank details shall be updated in your folio from the information available in your CML). You can authorize the RTA to update the above details for all your folios. In this regard, please refer to and use [Form ISR-1](#) in [SEBI circular dated November 03, 2021](#).

### B. I / We request you for the following (tick ✓ relevant box)

<input type="checkbox"/> Issue of Duplicate certificate	<input type="checkbox"/> Claim from Unclaimed Suspense Account
<input type="checkbox"/> Replacement / Renewal / Exchange of securities certificate	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Sub-division / Splitting of securities certificate	<input type="checkbox"/> Consolidation of Folios
<input type="checkbox"/> Consolidation of Securities certificate ?	<input type="checkbox"/> Transmission
<input type="checkbox"/> Transposition (Mention the new order of holders here)	

### C. I / We are enclosing certificate(s) as detailed below\*\*:

Name of the Issuer Company	
Folio Number	
Name(s) of the security holder(s) as per the	1. 2.

certificate(s)	3.
Certificate numbers	
Distinctive numbers	
Number & Face value of securities	

\*\* Wherever applicable / whichever details are available

**D. Document / details required for specific service request:**

- I.  Duplicate securities certificate
- II.  Claim from Unclaimed Suspense Account

Securities claimed	(in numbers) (in words)
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- III.  Replacement / Renewal / Exchange of securities certificate  
(that is defaced, mutilated, torn, decrepit, worn out or where the page on the reverse is fully utilized)
- IV.  Endorsement
- V.  Sub-division / Splitting of securities certificate
- VI.  Consolidation of securities certificate/Folios
- VII.  Transmission
- VIII.  Transposition

*Provide / attach original securities certificate(s) for request for item numbers III to VIII above.*

**Declaration:** All the above facts stated are true and correct to best of my / our knowledge and belief.

	Security Holder 1 / Claimant	Security Holder 2	Security Holder 3
Signature	✓	✓	✓
Name	✓	✓	✓
Full address	✓		
PIN	✓ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

After processing the service request, the RTA shall issue a 'Letter of Confirmation' to the securities holder/claimant, which is valid only for 120 days. Using this 'Letter of Confirmation', the securities holder/claimant shall request the DP to dematerialize the securities, failing which the securities shall be credited to the Suspense Escrow Demat Account of the Company.



**Request for Transmission of Securities by Nominee or Legal Heir**  
(For Transmission of securities on death of the Sole holder)

**Annexure C**  
**ISR - 5**

To:

**The Listed Issuer/RTA,**  
(Address)

(Name of the Listed Issuer/RTA)

<b>Name of the Claimant(s)</b> Mr./Ms
Name of the Guardian <input type="checkbox"/> <i>in case the claimant is a minor</i> → Date of Birth of the minor* Mr./Ms
Relationship with Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian*
<b>[Multiple PAN may be entered]</b> PAN (Claimant(s)/Guardian): <input type="text"/>   <input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify)

*\*Please attach relevant proof*

I/We, the claimant(s) named hereinabove, hereby inform you about the demise of the below mentioned Securities Holder(s) and request you to transmit the securities held by the deceased holder(s) in my/our favour in my/our capacity as –  
 Nominee  Legal Heir  Successor to the Estate of the deceased  Administrator of the Estate of the deceased

Name of the deceased holder(s)	Date of demise**
1)	DD / MM / YYYY
2)	DD / MM / YYYY
3)	DD / MM / YYYY

*\*\*Please attach certified copy of Death Certificate.*

**Securities(s) & Folio(s) in respect of which Transmission of securities is being requested**

Name of the Company	Folio No.	No. of Securities	% of Claim@
1)			
2)			
3)			
4)			

*@As per Nomination OR as per the Will/Probate/Succession Certificate/Letter of Administration/ Legal Heirship Certificate (or its equivalent certificate)/ Court Decree, if applicable.*

**Contact details of the Claimant (s) [Provision for multiple entries may be made]**

Mobile No.+91   <input type="text"/>	Tel. No. STD - <input type="text"/>
Email Address <input type="text"/>	

**Address** (Please note that address will be updated as per 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 (✓) <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> 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 (duly attested by the Bank Manager)

**I 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 mentioned above.**

**Additional KYC information** (Please tick✓ whichever is applicable)

<b>Occupation</b> <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)
<b>Gross Annual Income (₹)</b> <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**

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 all the countries 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)

I/We **DO NOT** wish to make a nomination. *(Please tick ✓ if you do not wish to nominate anyone)*

I/We wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** 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 and 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.

Place _____	
Date _____	
Signature of Claimant(s)	

**Documents Attached**

- Copy of Death Certificate of the deceased holder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant / Guardian
- KYC Acknowledgment OR
- KYC form of Claimant
- Cancelled cheque with claimant's name printed OR  Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure D - Individual Affidavits given EACH Legal Heir
- Original security certificate(s)
- Annexure E - Bond of Indemnity furnished by Legal Heirs
- Annexure F - NOC from other Legal Heirs

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