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

Where No Nominee is Registered

(To be submitted on Plain Paper)

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

To:

Exide Industries Limited

59E Chowringhee Road

Kolkata 700020

Date: mm, dd, yyyy

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION

DP ID - Client ID / Folio No.	
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 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) 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:

Sl. No.	Company Name	Folio No. / DP-Client ID	No. of Shares Held	Certificate Number	Distinctive Nos.
1					From: To:
2					From: To:
3					From: To:
4					From: To:

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 _____ (Name of the Company / AMC / RTA / DP / Depository) 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:

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)

□ 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	
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.