



**Annexure -2**

**Transmission Request Form-cum-Undertaking for Quick Transmission Processing**

**(QTP) UP to Rs. 30000**

**Where No Nominee is Registered**

**(To be submitted on Plain Paper)**

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

To,  
Bajaj Capital Markets Limited  
  
Bajaj House 97, Nehru Place  
  
5<sup>th</sup> Floor New Delhi -110019

Date: mm, dd, yyyy

**PART A – CLAIMANT AND DECEASED HOLDER INFORMATION**

|                                                                               |                                                                                                                                       |
|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>DP ID - Client ID / Folio No.</b>                                          |                                                                                                                                       |
| <b>Deceased Holder Name:</b>                                                  |                                                                                                                                       |
| <b>Claimant Name</b>                                                          |                                                                                                                                       |
| <b>Claimant PAN / PEKRN (Mention only number)</b>                             |                                                                                                                                       |
| <b>Category of Claimant</b>                                                   | <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent-in-law |
| <b>Documentary Proof attached (Refer Annexure – A for the documents list)</b> |                                                                                                                                       |

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. \_\_\_\_\_ (“\_\_\_\_\_”), 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 | 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<br>: To:                                          |
| 2      |                                      |                          |                                         |                                                       | From<br>: To:                                          |
| 3      |                                      |                          |                                         |                                                       | From<br>: 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)                                                                                                                                        | <input type="checkbox"/> |         |
| 2      | <b><u>Self-attested</u></b> copy of Latest Client Master List (CML) of claimants' demat account                                                                                                    | <input type="checkbox"/> |         |
| 3      | <b><u>Self-attested</u></b> copy of Verifiable Death Certificate of the deceased holder                                                                                                            | <input type="checkbox"/> |         |
| 4      | Original Security Certificate / Statement of Account (if applicable).                                                                                                                              | <input type="checkbox"/> |         |
| 5      | If claimant is a minor – Copy of Birth Certificate or School leaving certificate/ Passport or Aadhaar (where the date of birth is available) – <b>Attested by the Guardian</b> (Natural or Legal). | <input type="checkbox"/> |         |
| 6      | KYC of Guardian (if claimant is a minor or of unsound mind).                                                                                                                                       | <input type="checkbox"/> |         |
| 7      | Relationship Proof (where claimant is spouse, child, parent or parent-in-law) or Affidavit as per Annexure-B.                                                                                      | <input type="checkbox"/> |         |
| 8      | Nomination Form or Nomination Opt-Out form                                                                                                                                                         | <input type="checkbox"/> |         |
| 9      | FATCA-CRS Declaration in a prescribed format, wherever applicable                                                                                                                                  | <input type="checkbox"/> |         |
| 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                               | <input type="checkbox"/> |         |

|  |                                             |  |  |
|--|---------------------------------------------|--|--|
|  | only for transmission of units held in SOA) |  |  |
|--|---------------------------------------------|--|--|

**PART D – OTHER INFORMATION ABOUT CLAIMANT (Applicable only for transmission of units held in SOA)**

|                                                                                                                                                                                                                                      |                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <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 / OCI <input type="checkbox"/> Others (please specify) |                                            |

Contact details of the Claimant

|                                                                                                                                                                                                           |                 |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|
| <b>Mobile No.</b>                                                                                                                                                                                         | <b>Tel. No.</b> | <b>STD -</b> |
| <b>Email Address</b>                                                                                                                                                                                      |                 |              |
| <b>Above mobile belongs to:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent(s) <input type="checkbox"/> Son <input type="checkbox"/> Daughter |                 |              |
| <b>Above email belongs to:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent parent(s) <input type="checkbox"/> Son <input type="checkbox"/> 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 (✓) <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

## PART E – DECLARATION AND RESPONSIBILITY CLAUSE

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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.

|                              |             |
|------------------------------|-------------|
| <b>Claimant(s) Signature</b> |             |
| <b>Place</b>                 | <b>Date</b> |

**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:

|                                                                          |
|--------------------------------------------------------------------------|
| <b>Tick against the document* given as proof of relationship</b>         |
| Birth certificate which lists the parent's name <input type="checkbox"/> |
| School leaving certificate <input type="checkbox"/>                      |
| School records/service records <input type="checkbox"/>                  |

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.**

#### 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") held the following securities:

| 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:                                             |

| 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) |
|--------|--------------------------------------|--------------------------|-----------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| 2      |                                      |                          |                                         |                                                       | From : To:                                             |
| 3      |                                      |                          |                                         |                                                       | From : To:                                             |

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) | Address and contact details | Age | Relation with the Deceased |
|--------|---------------------------|-----------------------------|-----|----------------------------|
| 1      |                           |                             |     |                            |
| 2      |                           |                             |     |                            |
| 3      |                           |                             |     |                            |

That among the aforesaid legal heirs, Master/ Kumari. \_\_\_\_\_ aged \_\_\_\_ years is a minor and is being represented by Mr./Ms. \_\_\_\_\_ (“Name of the Guardian”) being his / her father / mother / legal guardian.

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: \_\_\_\_\_

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**Signed before me**

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Signature of Notary with Official Seal of Notary & Regn. No.

\* ~~strikeout~~ whichever is not applicable