

Form ISR – 1

(-SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

REQUEST FOR REGISTERING PAN, KYC DETAILS OR CHANGES / UPDATION THEREOF

[For Securities (Shares / Debentures / Bonds, etc.) of listed companies held in physical form]

A. I / We, request you to Register / Change / Update the following (Tick ✓ relevant box)

Date : / /

<input type="checkbox"/> PAN	<input type="checkbox"/> Signature	<input type="checkbox"/> Mobile Number
<input type="checkbox"/> Bank details	<input type="checkbox"/> Registered Address	<input type="checkbox"/> E-mail address

B. Security and KYC Details [to be filled in by the First Holder]

Name of the Issuer Company	Folio No(s)	
Face value of Securities	Number of Securities	
Distinctive number of Securities (Optional)	From	To
E-mail Address		
Mobile Number		

C. I/We are submitting documents as per Table below (tick ✓ as relevant, refer to the instructions):

Name(s) of the Security holder(s) in Capital as per PAN Copies of PAN of all the Holder(s) duly self-attested with date to be enclosed with this Form.	PAN	PAN Linked to Aadhaar -Y/N Tick any one [✓] *
1.		Yes / No
2.		Yes / No
3.		Yes / No
4.		Yes / No

Note: * PAN shall be valid only if it is linked to Aadhaar by March 31, 2022, or any other date as may be specified by CBDT.

To know the status of your Pan Linked to Aadhaar check on this link: <https://www.incometax.gov.in/iec/foportal>

Bank Account Details of First Holder		
Name of the Bank & Branch	IFSC	
Bank A/c No.	Tick any one [✓]- Acct type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Any other []	

Note: Original cancelled cheque leaf bearing the name of the first holder is mandatory, failing which first security holder shall submit copy of bank passbook / statement attested by the Bank for registering the Bank Account details.

Demat Account Number	16 digit DP/CL []
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Also provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.

Authorization: I / We authorise you (RTA) to update the above PAN and KYC details in my / our above folio(s) (use Separate Annexure if extra space is required) in which I / we are the holder(s). [strike off what is not applicable]

Declaration: All the above facts and documents enclosed are true and correct.

	First Holder	Joint Holder - 1	Joint Holder - 2	Joint Holder - 3
Signature				
Name				
Address				
PIN				

Note: If the address mentioned above differs from the address registered with the Company, you are requested to record the new address by submitting the documents as specified in point (3) overleaf.

I/We are submitting documents as per Table below (tick✓as relevant, refer to the instructions):





No.	✓	Document/Information/Details	Instruction/Remark
1	<input type="checkbox"/>	PAN of (all) the (joint) holder(s)	PAN copies of all the holder(s) duly self-attested with date to be enclosed. PAN shall be valid only if it is linked to Aadhaar by March 31, 2022, or any date as may be specified by the CBDT. For Exemptions / Clarifications on PAN, please refer to Objection Memo as specified in SEBI circular.
2	<input type="checkbox"/>	Demat Account Number	Provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.
3		Proof of Address of the first Holder	<p>Provide self attested copy of any ONE of the documents, issued by a Govt. Authority, only if there is change in the address;</p> <ul style="list-style-type: none"> <input type="checkbox"/> Client Master List (CML) of your Demat Account, provided by the Depository Participant. <input type="checkbox"/> Valid Passport/ Registered Lease or Sale Agreement of Residence/ Driving License/Flat Maintenance Bill* <input type="checkbox"/> Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old. <input type="checkbox"/> Identity card (with Photo) / document with address, issued by Central/State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions. <input type="checkbox"/> For FII / sub account, Power of Attorney given by FII / sub-account to the Custodians (which are duly notarized and / or apostilled or consularised) that gives the registered address should be taken. <input type="checkbox"/> The proof of address in the name of the spouse* <p>* Kindly provide additional self-attested copy of Identity Proof of the holder/ claimant.</p>
4	<input type="checkbox"/>	Bank details	Provide the latest copy of the bank statement with details of bank name, branch, account number and IFSC or Original cancelled cheque leaf bearing the name of first holder. Alternatively, Bank details available in the CML as enclosed will be updated in the folio.
5	<input type="checkbox"/>	E-mail address	As mentioned on Form ISR-1, alternatively the E-mail address available in the CML as enclosed will be updated in the folio.
6	<input type="checkbox"/>	Mobile	As mentioned on Form ISR-1, alternatively the mobile number available in the CML as enclosed will be updated in the folio.
7	<input type="checkbox"/>	Specimen Signature	Provide banker's attestation of the signature of the holder(s) as per Form ISR – 2 and Original cancelled cheque leaf bearing the name of the first holder.
8		Nomination	<p>Submit Form(s) as per any ONE of the following options.</p> <ul style="list-style-type: none"> <input type="checkbox"/> SH-13 For First Time Nomination <input type="checkbox"/> SH-14 For Change in Existing Nomination <input type="checkbox"/> SH-14 and ISR-3 For Cancellation of existing Nomination and to "Opt-Out" <input type="checkbox"/> ISR-3 To "OPT-Out" of Nomination or if No-Nomination is required

Note: All the above forms are also available on our website..

Form ISR – 2

(SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03,2021)

Confirmation of Signature of Securities Holder by the Banker

1. Bank Name and Branch		
2. Bank contact details		
Postal Address		
Mobile/Tel number		
E-mail address		
3. Bank Account number		<i>attach original cancelled cheque leaf</i>
4. Account opening date		
5. Account holder's PAN		Account Holder's Name
i)		i)
ii)		ii)
iii)		iii)
iv)		iv)
6. Latest photograph of the account holder(s)		
<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">i)- Holder Photo</div>		<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">ii)- Holder Photo</div>
<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">iii)- Holder Photo</div>		<div style="border: 1px solid black; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center;">iv)- Holder Photo</div>
7. Account holder(s) details as per Bank Records		
a) Address		
b) Mobile/Tel number		
c) Email address		
d) Signature(s) of the Holder(s)		
i)	 _____	<i>Bank Manager's Signature and Bank Seal</i>
ii)	 _____	
iii)	 _____	
iv)	 _____	
-- (To be Mandatorily Filled by the Bank Official) --		
Place:		Name of the Bank Manager :
Date:		Employee Code :
Mobile / Tel no:		Email_id :

Form ISR - 3

Declaration Form for Opting-out of Nomination by Holders of Physical Securities in Listed Companies

(SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03, 2021)

To,

Date: / /

Name of the Company :

Address of the Company :

PARTICULARS OF THE SECURITIES (in respect of which nomination is being opted out)

Nature of Securities	Folio No.	No. of Securities *	Certificate No.	Distinctive No(s) (From – To)
Tick ✓ as relevant				
Equity / Debentures				

I / We the holder(s) of the securities particulars of which are given hereinabove, **do not wish to nominate** any person(s) in whom shall vest, all the rights in respect of such securities in the event of my /our death.

I/ We understand the issues involved in non-appointment of nominee(s) and further are aware that in case of my / our death, my / our legal heir(s) / representative(s) are required to furnish the requisite documents / details, including, Will or documents issued by the Court like Decree or Succession Certificate or Letter of Administration / Probate of Will or any other document as may be prescribed by the competent authority, for claiming my / our aforesaid securities.

Signature(s) as per Specimen recorded with the Company.

	First Holder	Joint Holder -1	Joint Holder -2	Joint Holder -3
<u>Signature</u>				
<u>Name</u>				

Witness Details:

Name of Witness		Signature	
Address of Witness			Date
		Pin: _____	

* Use of ISR-3 (ie to Opt-Out of Nomination OR if "No_Nomination" is required by the investor) will be applied for the entire securities against the said Folio.

Form No. SH-13

Nomination Form

Pursuant to section 72 of the Companies Act, 2013 and rule
19(1) of the Companies (Share Capital and Debentures) Rules 2014] Date: / /

To,
Name of the Company : -----
Address of the Company: -----

I/We, the holder(s) of the securities particulars of which are given hereunder, wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my/our death.

(1) PARTICULARS OF THE SECURITIES (in respect of which nomination is being made) :

Nature of Securities	Folio No.	No. of Securities*	Certificate No.	Distinctive No(s) (From – To)
Tick ✓ as relevant				
Equity / Debs/ Bonds				

(2) PARTICULARS OF NOMINEE/S — [Use photocopies of this blank nomination form in case of additional Multiple Nominations in the same folio]

Name of Nominee			
Address of Nominee		Date of Birth	{ - - }
Father's/Mother's/ Spouse's name		Occupation	
Relationship with the security holder		Nationality	
E-mail_id		Mobile No	

(3) IN CASE NOMINEE IS A MINOR —

Name of Guardian		Date of Birth	{ - - }
Address of Guardian		Date of attaining majority	{ - - }

Signature(s) as per Specimen recorded with the Company.

	First Holder	Joint Holder -1	Joint Holder -2	Joint Holder -3
<u>Signature</u>				
<u>Name</u>				

Witness Details:

Name of Witness		Signature	
Address of Witness	_____ Pin: _____		
		Date	

* Nomination will be registered for entire holding in the folio. In case of more than one nominee, the ratio should be furnished & separate form to be filled for each nominee.

Form No. SH-14

Cancellation or Variation of Nomination

[Pursuant to sub-section (3) of section 72 of the Companies Act, 2013 and rule 19(9) of the Companies
(Share Capital and Debentures) Rules 2014]

To, Date: / /

Name of the Company :

Address of the Company:

I/We, hereby cancel the nomination(s) made by me/us in favour of.....
.....(name and address of the nominee) in respect of the below mentioned securities.

or

I/We hereby nominate the following person in place ofas nominee in
respect of the below mentioned securities in whom shall vest all rights in respect of such securities in the event of my/our death.

(1) PARTICULARS OF THE SECURITIES (in respect of which nomination is being cancelled / varied):

Nature of Securities	Folio No.	No. of Securities*	Certificate No.	Distinctive No(s) (From – To)
Tick ✓ as relevant				
Equity / Debs/ Bonds				

(2) PARTICULARS OF THE NEW NOMINEE/S — [Use photocopies of this Form-SH-14 in case of additional Multiple New Nominations in the same folio]

Name of Nominee			
Address of Nominee		Date of Birth	{ - - }
Father's/Mother's/ Spouse's name		Occupation	
Relationship with the security holder		Nationality	
E-mail_id		Mobile No	

(3) IN CASE NEW NOMINEE IS A MINOR —

Name of Guardian		Date of Birth	{ - - }
Address of Guardian		Date of attaining majority	{ - - }

Signature(s) as per Specimen recorded with the Company.

First Holder	Joint Holder -1	Joint Holder -2	Joint Holder -3
<u>Signature</u>			
<u>Name</u>			

Witness Details:

Name of Witness		Signature	
Address of Witness	Pin _____		
		Date	

* New Nomination will be registered for entire holding in the folio. In case of more than one new-nominee, the ratio should be furnished & separate form to be filled for each of the new-nominee.

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 certificate(s)	1. 2. 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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)

Name of the Claimant(s) 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*	
[Multiple PAN may be entered] 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 | | | | | | | | | | **Tel. No. STD -**

Email Address

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 (✓) 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 (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)**Occupation** Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired Home Maker Student Forex Dealer Others

(Please specify)

The Claimant is a Politically Exposed Person Related to a Politically Exposed Person Neither (Not applicable)**Gross Annual Income** (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs 25 Lacs-1crore >1 crore**FATCA and CRS information**

Country of Birth _____ Place of Birth _____

Nationality _____

Are you a tax resident of any country other than India? Yes 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 _____	Signature of Claimant(s)
Date _____	

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.