

Form ISR-4

(Refer 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 (<i>Mention the new order of holders here</i>)	

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)

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	✓ □ □ □ □ □ □ □ □	□ □ □ □ □ □	□ □ □ □ □ □

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.

FORM –A

AFFIDAVIT

[For issuance of duplicate securities]

Note: ***This affidavit is to be executed in the presence of a Public Notary***

[To be submitted in non-judicial stamp paper of appropriate value]

I/We, _____
Son / daughter/spouse of _____ residing at _____
_____, having Permanent Account No (s) _____
do hereby solemnly affirm and state on oath as follows.

1. That I/We, _____ (“all the shareholders”) hold the following _____ (number of) securities under Folio no. _____ in _____ (name of the company) in my/ our name as single holder / joint holder:

Company Name	Folio No.	No. of securities held	Security Certificate No.	Distinctive Nos.	
				From	To
1)					
2)					
3)					

2. I/We _____ further swear / solemnly declare that I/ we am/are applying for issue of duplicate certificate(s) to me/us on the ground that the original security(ies) certificate(s) has/have been misplaced / not found by me/us, despite a diligent search made by me/us in this behalf.
3. I/We _____ further swear /solemnly declare that the said securities are not sold or pledged or deposited by way of security to any person/company.
4. I/We _____ hereby further swear / solemnly declare that if, after the duplicate share certificate(s) is / are issued to us as aforesaid, the original

security(ies) certificate(s) is / are at any time subsequently, found, recovered or traced by us or by anyone on our behalf, then, we unconditionally undertake not to deal with the said original share certificate(s) in any manner whatsoever (whether by physical transfer or dematerialization or as security or pledge) and further unconditionally undertake to promptly surrender the original share certificate(s) to the RTA / Company, for cancellation.

5. I/We

_____ am/are making the above solemn declaration on oath with full knowledge of the fact that in the event the original security (ies) certificate(s) issued is /are found, recovered and traced by me/us and instead of surrendering the same is / are dealt with by me/us as aforesaid, the Company will be at liberty to adopt civil and / or criminal proceedings against me/us for my/our failure to promptly surrender the original security (ies) certificate(s), for cancellation and for breach of my/our solemn declaration and undertaking not to deal with the original security (ies) certificate(s) in any manner whatsoever as aforesaid at my/our entire risk as to cost and consequences.

Signature of all deponents :

X _____

VERIFICATION

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned securities.

Deponent(s) (1)_____ (2)_____ (3)

Solemnly affirmed at _____

Signature of the Deponent(s): X_____

Signed before me

Place: _____

Date : _____

X -----

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

Form-B

INDEMNITY

[For issuance of duplicate securities]

Note: *This indemnity is to be executed in the presence of a Public Notary / Gazetted Officer*

[To be submitted in non-judicial stamp paper of appropriate value]

I/We, _____
____ Son / daughter / spouse / of _____
residing _____ at _____
_____ having Permanent Account No (s) _____
do hereby solemnly affirm and state on oath
as follows.

1. That I/we, am/are the sole/joint holder/s of the Securities in following folios. I/We request you to issue duplicate certificate(s) for securities, as detailed below in my/our name(s):

Name of the Company	Certificate No.**	Distinctive No.**	Folio No. **	No. and Face value of securities held
1				
2				
3				
4				

**In case of non-availability of Certificate Nos./Distinctive Nos./ Folio nos., security holder shall obtain the same from RTA.

2. That the above securities were acquired by me/us for valuable consideration out of my/our own investment/funds against allotment in Public Issue/allotment in Right Issue or acquired from the market/through inheritance in the year(s)
3. I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, the aforesaid (Name of the Company/RTA) and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc.,

whatsoever which you may suffer and/or incur by reason of your, at my/our request, issuing the said Duplicate Securities as herein above mentioned, to the undersigned.

IN WITNESS WHEREOF the said 1) Mr. /Ms. _____ (Name and signature of the witness) _____

And 2) Mr. /Ms. _____ Name and signature of the witness _____ #, have hereunto set their respective hands and seals this day of _____

Address of First holder / Applicant : _____		Signature of All holder(s) / Applicant(s) : _____ _____						
Pincode _____								
Tel. No.	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	FOR OFFICE USE ONLY Signature checked by : _____
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email id	_____							
Date	_____							

Signed before me
at: _____

on:: _____

Signature of Notary / JMFC

Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.:

Annexure-16

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

To:

The Listed Issuer/RTA,
(Address)

(Name of the Listed Issuer/RTA)

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

Nomination[@] (Please ✓ one of the options below)

<input type="checkbox"/> I/We DO NOT wish to make a nomination. <i>(Please tick ✓ if you do not wish to nominate anyone)</i>
<input type="checkbox"/> I/We wish to make a nomination and hereby nominate the person/s more particularly described in the attached Nomination Form to receive the Units held 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 14](#).

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

- | | |
|--|--|
| <input type="checkbox"/> Copy of Death Certificate of the deceased holder
(in case the Claimant is a minor) | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> Copy of PAN Card of Claimant / Guardian
OR <input type="checkbox"/> KYC form of Claimant | <input type="checkbox"/> KYC Acknowledgment |
| <input type="checkbox"/> Cancelled cheque with claimant's name printed OR
Statement/Passbook | <input type="checkbox"/> Claimant's Bank |
| <input type="checkbox"/> Nomination Form duly completed | |
| <input type="checkbox"/> Annexure 17 - Affidavits to be given by Legal Heirs | |
| <input type="checkbox"/> Annexure 18 - Bond of Indemnity | |
| <input type="checkbox"/> Annexure 19 - NOC from other Legal Heirs | |

Annexure-17

Individual Affidavits⁵⁵ to be given by ALL the Legal Heirs OR Legal Heirs named in Succession Certificate*/ Probate of Will*/ Will*/ Letter of Administration*/ Legal Heirship Certificate*/Court Decree*

(For Transmission of securities on death of Sole Holder where NO NOMINATION has been registered)

Each Deponent (legal heir) shall sign separate Affidavits.

(To be executed on a non-judicial stamp of appropriate value and Notarized)

I, _____ #
Son / daughter / spouse / of
_____ residing
at _____

_____ do hereby solemnly affirm and state on oath as follows.

That Mr. /Mrs _____ @ ("the deceased holder") held the following securities in his / her name as single holder:

Company Name	Folio No.	No. of securities held
1)		
2)		
3)		

☐ That the aforesaid deceased holder died *intestate* leaving behind him/her, the following persons as the only surviving heirs as per the Succession Certificate/ Legal Heirship Certificate/Court Decree dated _____ / according to the Law of Intestate Succession by which he/she was governed at the time of his/her death and without registering any nominee. *

OR

☐ That the aforesaid deceased holder died leaving behind the following persons as the legatees as per the Will/ Probated Will/ Letter of Administration dated _____ and without registering any nominee. *

A copy of the **Succession Certificate*/ Probate of Will*/ Will*/ Letter of Administration*/ Legal Heirship Certificate*/ Court Decree*** is attached herewith.

⁵⁵ Joint affidavit may be accepted in cases where the security holders are having the same address.

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/ Kum. _____ aged _____ years is a minor and is being represented by Mr./Ms. _____ \$ being his / her father / mother / legal guardian.

Signature of the Deponent:

X _____

VERIFICATION

I 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:

X _____

Signed before me

Place: _____

Date : _____

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

* *strikeout whichever is not applicable*

= *Name of the legal heir* @ = *Name of the deceased unit holder*

\$ = *Name of the Guardian*

Annexure-18

Note: ***To be executed in the presence of a Public Notary / Gazetted Officer***

Bond of Indemnity

(To be submitted on Non-judicial Stamp Paper of appropriate value)

[For Transmission of Securities on death of Sole Securities' Holder, where no nomination has been registered]

I/We do hereby solemnly affirm and state on oath as follows:

That Mr. /Ms. _____ Name of the deceased holder was holding the following securities:

Name of the Company	Certificate No.	Distinctive No.	Folio No.	No. of securities held
1				
2				
3				
4				

That the aforesaid deceased holder died *intestate* on _____, without registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of intestate succession applicable to him/her by which he/she was governed at the time of his/her death.

Name of the Legal Heir(s)	Address and contact details	Age	Relationship with the Deceased
1			
2			
3			
4			

OR

That the aforesaid deceased holder died on _____, without registering any nominee, leaving behind him/her the following persons as the only surviving legal heirs, according to the laws of testamentary succession.

Name of the Legal Heir(s)	Address and contact details	Age	Relationship with the Deceased
1			
2			
3			

Therefore, I/We, the Legal Heir(s) and deponent(s) herein has/have, approached _____(Name of the Company/RTA) with a request to transfer the aforesaid securities in the name of the undersigned Mr. /Ms. [Name(s) of the claimant(s)] #, on my/our behalf, without insisting on production of a Succession Certificate/ Probate of Will / Letter of Administration or any Court order, for which we execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said securities to the name of the undersigned Mr. /Ms. [Name(s) of the claimant(s)] #,

I/We hereby jointly and severally agree and undertake to indemnify and keep indemnified, saved, defended, harmless, [Name of the Company/ Issuer and any RTA] and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which they may suffer and/or incur by reason of transferring the said securities as herein above mentioned, at my/our request to the undersigned Mr./Ms. [Name(s) of the claimant(s)] #, without insisting on production of a Succession Certificate / Probate of Will / Letter of Administration or any Court order.

IN WITNESS WHEREOF the said 1) Mr. /Ms. _____ (Name and signature of the witness)

And 2) Mr. /Ms. _____ Name and signature of the witness #, have hereunto set their respective hands and seals this day of _____ Signed and delivered by the said legal heir/s.

Name the Legal Heirs	Signature of the Legal Heirs
1	X
2	X

3	X
---	---

(*) = Name of the deceased unit holder

(#) = Name of the claimant/s

Signed before me

at: _____

on: _____
Signature of Notary

Official stamp & seal of the Notary & Regn. No.:

Annexure-19

Note: ***To be executed in the presence of a Public Notary / Gazetted Officer***

[To be submitted in non-judicial stamp paper of appropriate value]

No-Objection Certificate from the Legal Heir(s)

Format of NOC from other Legal Heir(s) for Transmission of Securities in favour of the Claimant(s) wherein the Sole Holder is deceased and NO NOMINATION has been registered

DECLARATION

I/We, the legal heir(s) of late Mr. / Ms _____ (name of the deceased holder) declare as follows –

- (i) That the above named deceased holder was holding the following securities in his / her name as single holder:

Name of the Company	Folio No.	No. of securities held
1)		
2)		
3)		

- (ii) That the deceased had died intestate on DD / MM / YYYY .and without registering any nominee.

- (iii) That the following Claimant(s) has/have applied for the transmission of the aforesaid securities:

Name of the Claimant(s)	Address and contact details	Age	Relationship with the deceased
1)			
2)			
3)			

- (iv) That I / We are the legal heir(s) of the deceased holder, apart from the Claimant(s) who has/ have applied for transmission of the aforesaid securities and our details are as follows:

Name of the Legal Heir(s)	Address and contact details	Age	Relationship with the deceased
1)			
2)			
3)			

(v) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid securities held by the deceased and I / we hereby wilfully relinquish & renounce all my /our rights in respect of the aforesaid securities and shall have no legal claim upon said securities in future.

(vi) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in _____ (Name of the Company) transmitting the aforesaid securities in favour of the Claimant(s) Mr. / Ms. _____.

(vii) I / we hereby state that whatever is stated herein above are true to the best of my/our knowledge and nothing has been concealed therein.

Name(s) and Signature(s) of Legal Heir(s) who are Non – Claimant(s):

1) _____
2) _____
3) _____

VERIFICATION

We hereby solemnly affirm and state that what is stated herein above is true to our knowledge and nothing has been concealed therein and that we are competent to contract and entitled to rights and benefits of the above mentioned securities.

Solemnly affirmed at _____

Deponent(s) (1) _____ (2) _____ (3) _____