Kosamattam Finance Ltd.

KOSAMATTAM CITY CENTRE,FLOOR NUMBER 4TH & 5TH
KOTTAYAM, KERALA-686001

TRANSMISSION REQUEST FORM

PART A – CLAIMANT AND DECEASED HOLDER INFORMATION																		
Deceased Details																		
Name																		
BO ID	**1**	**3**	**0**	**7**	**9**	**2**	**0**	**0**									**Death Date**	

Nominee's/Claimant's Details

SL No	**Name**	**BO ID**	**PAN/PEKRN (Mention only number)**	**%**
1				
2				
3				

PART B – DETAILS OF SECURITIES

I/we, the nominee/legal heir/claimant named hereinabove, hereby inform you about the demise of the above-mentioned security holder/s and request you to transmit the securities held by the deceased security as listed below in my/our favor in my/our capacity as:	☐ Nominee/s	☐ Successor to the Estate of the deceased
	☐ Legal Heir/s	☐ Administrator of the Estate of the deceased

SL No	**ISIN**	**Name of the Securities**	**No. of Securities**
1			
2			
3			
4			
5			
6			
7			
8			

Part C – Other information about Nominee / Legal Heir / Claimant (Applicable only for transmission of units held in SOA)-Not Applicable

Part D – Consent by other Nominee/s to be added as Joint Holder/s (Applicable only in case of claims submitted by nominee)-Not Applicable

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 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.
I hereby solemnly affirm and declare that any access to or use of the Trading and Demat account after the demise of the account holder occurred solely due to bonafide oversight, without any intent to operate, trade or undertake any transactional activity so as to derive unauthorised benefit therefrom. ☐ **Yes** ☐ **No**

SL No	**Nominee's/Claimant's Name**	**Nominee's/Claimant's Signature**
1		
2		
3		

Date		**Note:** If Nominee's/claimant's/legal heir's are Minor, such minor is represented herein by his/her natural(Father/Mother)/legal guardian.
Place		Where any person required to sign this document is unable to sign, he/she may affix his/her notarized left thumb impression in lieu of signature.