## PMS TRANSMISSION REQUEST FORM



(In case of death of sole or one/more of the joint holders)

### NJ ASSET MANAGEMENT PRIVATE LIMITED

Registered Office: Block No. 601, 3rd Floor, 'C' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10,Udhna, Surat – 394210, Gujarat Corporate Office: Unit No. 101A, 1st Floor, Hallmark Business Plaza, Bandra (East), Mumbai – 400051, Maharashtra.

		· · ·	ark business i iaza, bandra (Last)	*		
	•	nformation below	legibly in English and in CAPITA	LS)	Date D D M N	/ Y Y Y Y
<b>Details of Decease</b>	d holder account					
PMS Account No:						
First Holder Name:	First Name		Middle Name		Last Name	
	Name of Dec	ceased Holde	er (s)		Date of De	mise
	Name c	of First Holder				
	Name of	Second Holder				
	Name o	f Third Holder				
			of the successor or nominee(			
Details	Claimant/Succe	essor (1)	Claimant/Success	or (2)	Claimant/Su	uccessor (3)
Name of Claimant						
DP ID						
Client ID						
Mobile No						
Email ID						
Whether Claimant(s)/ Successor(s) wants to continue PMS with NJ AMPL	☐ Yes ☐	NO	☐ Yes ☐ NO		☐ Yes	□NO
committed to provide a	ny further details or additi	onal information	rate and truthful to the best of n that may be required by the information / false claim / rep	NJ AMPL.	Claimant / Successo	sure you that I an or/ Guardian of th
000000011	First Holder/	00000	ssor / Second Holder/ 2) / Guardian of successor	X	Successor/ Third Hi	0101017
THIS NEEDS TO BE S	UBMITTED ONLY IN CAS		IMANT CHOOSES NOT TO ( re Verification Format	CONTINUE	THE PWS FACILITY	WITH NJ AMPL
			Signed before me			
At:						
On:						
			Official stamp 8	seal of No	Signature of tary Magistrate / No	Notary / JMFC tary & Regn.No.

Version Date: 01/11/2023

#### Notes:

- 1. Upon transmission, the PMS account with NJ Asset Management Private Limited (NJ AMPL) shall be considered as closed.
- 2. Investors are requested to use same pen(ink) for form filling and signatures across the document(s).
- 3. The application should be submitted to NJ AMPL within 15 days from the date of request.
- 4. Upon requesting the transmission of a PMS account, the successor gives consent to terminate all active systematic registrations and bank mandates registered with NJAMPL.
- 5. In case claimant continue PMS facility with NJAMPL,
  - · Any outstanding liabilities and/or surplus cash available will be transferred in the proportion of claim.
  - If the current value of holdings belonging to the deceased holder is less than INR 50 Lacs, the claimant needs to comply with regulatory threshold (currently INR 50 lakhs) by transferring the necessary shortfall amount before the account activation process.
  - Upon transmission, the Successor will have investment in the same Investment Approach, in which deceased holder's had investment.
  - · The Claimant should be KYC complied and additionally is required to comply with all the statutory requirement.
- 6. If the claimant chooses not to continue the PMS facility with NJ AMPL,
  - Any remaining surplus funds after adjusting any outstanding liabilities, will be transferred to the successor's designated bank account as provided with the transmission request form.
  - If the cash balance is not sufficient to collect the outstanding liabilities from the deceased holder's account, transmission request will be processed upon completion of payment by the successor.

#### **ANNEXURE**

Transmission Documents Matrix - Ready Reckoner						
Sr. No.	Documents required for Transmission	Transmission to Surviving Holders	Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered or Nominee also deceased		
1	PMS Transmission form	✓	✓	✓		
2	Broker/DP closure and Transmission form	✓	✓	✓		
3	Investor Demise Intimation Form for DP/Broker & PMS [Along with PAN copy of deceased investor and Self-attested PAN copy of notifier(s)]	✓	✓	✓		
4	Client Master List original copy (with DP stamp & sign In case of transfer outside NJ DP).	✓	✓	✓		
5	Death Certificate of deceased Holder/s in original or Photocopy duly attested by a Notary Public or a Gazetted Officer.	<b>√</b>	<b>~</b>	<b>✓</b>		
6	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook of successor/s with current entries (not older than 3 months) with self attestation.	✓	<b>√</b>	<b>√</b>		
7	A Succession Certificate / A Letter of Administration / A Probate of the will of the deceased.	NA	NA	<b>√</b>		
8	In case of name mismatch of nominee/successor i.e. spelling errors, sequence error, Affidavits (on Rs. 100 stamp paper) for name correction, if the person is same.	NA	<b>√</b>	NA		
9	Marriage certificate of the Nominee/Surviving holder (Only required, if the name is updated as before marriage and the transmission is to be done in the account where the name is updated after marriage).	<b>√</b>	<b>√</b>	NA		

## **INTIMATION OF DEMISE INVESTOR'S INFORMATION**



#### N.I ASSET MANAGEMENT PRIVATE I IMITED

			ar Sangh Commercial Complex, Centr Business Plaza, Bandra (East), Mumb	ral Road No.10,Udhna, Surat – 394210, Gujarat pai – 400051, Maharashtra.
	(Please fill in the info	ormation below le	gibly in English and in CAPITALS)	Date D M M Y Y Y
Details of Deceased	holder account			
PMS Account No:				
First Holder Name:	First Name		Micdle Name	Last IVame
Name of Dec	ceased Holder (s)		PAN of Deceased Holde	r Date of Demise
				DD/MM/YYYY
				DD/MM/YYYY
				DD/MM/YYYY
depresentative or Fami	Joint Holder / No	ints maintained	Joint Holder / Nominee	,
Details of notifier	Joint Holder / No Legal heir	5 5 5	Legal heir	Nominee / Legal heir
Name of Claimant				
PAN				
Relationship with leceased holder				
Nobile No				
Email ID				
Address				
ommitted to provide any formation is found to be onsequences as require node, or manner, all / an	further details or addition e false or untrue or mislea ed under the respective st	nal information t ading or misrepro atutory requiren ded by me, inclu	hat may be required by the NJ AN esenting, I/We am/are aware that nents. I/We hereby authorize you	owledge and belief. I assure you that I an MPL. In case any of the above specified I/We may be liable for it for any fines or to disclose, share, rely, remit in any form information as and when provided by m
X		X		X
Joint Holder / No	minee / Legal heir	Joint Hold	er / Nominee / Legal heir	Nominee / Legal heir

### **Documents Required:**

- Death certificate Original downloaded or notarized copy.
   PAN copy of deceased investor.
   Self-attested PAN copy of notifier(s).



#### **NJ India Invest Private Limited**

DP of Central Depository Services (India) Limited

Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India
BSE - SEBI Registration No: INB011360535 NSE - SEBI Registration No: INB031360539 CSDL - SEBI Registration No: IN-DP-14-2015 Contact No.: 0261 3985500 Email: dpservices@njgroup.in Website: www.njgroup.in



## TRANSMISSION REQUEST FORM

(in case of death of one / more of the joint holders)						
Application No.			Date:			
(Please fill all the details in Block Letters in English)						
To, NJ IndiaInvest Pvt. Ltd., 8th Floor, B Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No.10. Udhna, Surat-394210, Gujarat, India.						
Dear Sir / Madam,						
I / We, the joint holder(s) / Successors	s request you to transmit the securities	palance from:				
DP ID: 1 2 0 6 4 2 0 0			Client ID:			
То						
DP ID:			Client ID:			
Due to the death of						
(Name of the deceased account hol	lder(s)). Original Death Certificate / co	py of Death Certifica	ate (duly notarized / atteste	ed under seal by a Gazetted		
Officer) is attached herewith.						
	First / Sole Holder		Sec	ond Holder		
Name(s) of the surviving holder(s)	<u> </u>					
rvarile(s) of the surviving holder(s)						
Signature(s) of the surviving holder(s						
	(Please 1	ear Here) ———				
	Acknowledge	ment Receipt				
Application No.			Date:	D D M M Y Y Y		
We hereby acknowledge the receipt o	f the following instructions for transmiss	ion from:				
DP ID: 1 2 0 6 4 2 0 0			Client ID:			
То						
DP ID:			Client ID:			
			Olichi IB.			
Surviving Holder(s) Name(s)						
First / Sole Holder		Second Holder				
FIISt / Sole Holdel		Second Holder				
Documents Submitted						
Subject to verification.	Subject to verification.					

Depository Participants Seal & Signature

#### NJ INDIA INVEST PVT. LTD.

Registered & Correspondence Office Address: Block No.901 & 902, 6th Floor, B Tower, Udhna Udyognagar Sangh Commercial Complex,
Central Road No.10, Udhna, Surat - 394 210, Gujarat | Phone: 0261 402 5500 | Fax: 0261 402 5880
SEBI Reg No - BSE & NSE: INZ000213137 | SEBI Reg No - CDSL & NSDL: IN-DP-14-2015
Email id: dpservices@njgroup.in | Website: www.njgroup.in



## **Account Closure Request Form**

Application No. *Date :	D D M M Y Y Y Y						
Closure Initiated by BO DP Depository (To be filled by the BO (in case of BO-initiated closure). Please fill all the details in Block Letters in English)							
To, NJ IndiaInvest Pvt. Ltd., Block No.901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394210, Gujarat, India.							
Dear Sir / Madam, I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account this application. The details of my/our account are given below:	·						
Account Holder's Details							
DP ID: Client ID:							
Name of the First/Sole Holder:							
Name of the Second Holder:							
Name of the Third Holder:							
Correspondence Address:							
City:							
State: Pin/Zip C	ode:						
Details of remaining security balances in the account (if any)							
Reasons for Closing the Account:							
Balance remaining in the account (if any) to be:  Partly Rematerialised and Partly Transferred	Rematerialised						
Transferred to another account (Number given below)	Not applicable						
DP ID: Client ID: Client ID: Balance present in account for (To be filled by DP, if applicable):							
Ear - marked Pending for Dematerialisation Pending for Rematerialisation Pledged Fr	rozen Lock-in						
Declaration: In Case Of Account Closure Due To Shifting of Account: I/We Declare And Confirm that All the Transactions in True/ Authentic.	My/Our Demat Account Are						
First / Sole Holder Second Holder Th	nird Holder						
Name							
Signature *							
*If DP or Depository initiates account closure, Signature(s) of account holder(s) not required.							
Account Closure Request Form (Trading)							
To,							
NJ IndiaInvest Pvt. Ltd.,  Dear Sir / Madam.							
I / We the holder of the trading account request you to close my / our account with you from the date of this application. The are given below.	e details of my/our account						
Name of client: UCC N	lo.:						
Distributor Name: Distributor Code	9.:						
Branch Name: Segments for closu	re: BSE NSE						
Signature of Client Distributor Signature							
(Please Tear Here)							
Acknowledgement Receipt							
Application No. Date:	D D M M Y Y Y Y						
We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification:							
DP ID: UCC No.:							
Name of the First / Sole Holder:							
Name of the Second Holder:							
Name of the Third Holder:							
Reason for Closure:							
Instructions to Account Holder(s)  Depository Participant Seal and Signature							
<ul> <li>Submit a duly-filled RRF if the balances are to be rematerialized.</li> <li>Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of "Shifting Of Account".</li> </ul>							

NJ India Invest Private Limited
DP of Central Depository Services (India) Limited & National Securities Depository Limited Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India SEBI Reg No - BSE & NSE: INZ000213137, SEBI Reg No - CDSL & NSDL: IN-DP-14-2015 Contact No. : 0261 402 5500 Email : dpservices@njgroup.in Website : www.njgroup.in



Depository Participant Seal and Signature

# INTIMATION OF DEMISE INVESTOR BY JOINT HOLDER(S) / NOMINEE(S).

					*Date:	D M M Y Y Y Y
To,						
NJ India Invest Pvt. Ltd.,						
Block No. 901 & 902, 6th Floo Sangh Commercial Complex,			- 394 210			
oangn commercial complex,	, Central Houd No.	ro, Garria, Garac	- 034 210.			
Dear Sir/Madam,						
Sub.: Intinitation of demise infor	mation.					
Ref.: PAN	& BOID:					
I/We regret to inform you abou number, where I/We is/are the j downloaded/ self-attested copy	oint holder(s) / regist	tered nominee(s)	legal heir(s) in the accour	its maintained	with your organ	nisation / entity. Origina
Please let us know the proced necessary communication / con						our contact details fc
Detail	Joint holder/Nom	inee/Legal heir 1	Joint holder/Nominee/l	_egal heir 2	Nomin	ee/Legal heir 3
Name:						
PAN:						
Mobile:						
Email:						
Relation with investor:						
Address:						
I/We acknowledge and confirm above specified information is f fines or consequences as requi mode, or manner, all / any of the the KYC Registration Agency(ies	found to be false or lifed under the respect information provided	untrue or misleadin ctive statutory requi d by me, including	ng or misrepresenting,  /Mirements I/We hereby au	e am/are awa thorize you to	re that I/We ma disclose, share	y be liable for it for an , rely, remit in any form
Signature :						
Joint holder/Nominee/Legal heir 1		Joint holder/N	Nominee/Legal heir 2		Nominee/L	egal heir 3
Encl.: Death certificate - Orig PAN copy of deceased invest Self-attested PAN copy of no	tor.	notarized copy.				