

Procedure for Transmission and Name Deletion in the name of Successor

1. Form ISR-4 (Format Attached).
2. Original Bond Certificate.
3. Original death certificate or in case of copy of death certificate is provided than the same needs to be attested by Gazetted officer or notary public is required.
4. Certified copy of succession certificate or probated will or letter of administration.
5. Notarized Disclaimer letter, in case more than one claimants - in favour of claimant.
6. Confirmation of Signature of Claimant by Banker in Form ISR 2 (Format Attached).
7. Form SH-13 (Format Attached) along with Address & ID proof of two witness.
8. Cancelled Cheque or Bank Statement with details of Bank Name, Branch, Account Number and IFSC of claimant.
9. Self-attested copy of ID proof of Claimant – Election ID or Aadhar card or Passport.
10. Self-attested copy of PAN card of claimant.
11. Request letter signed by claimants.

The hard copy of the above documents are required to be sent to:

To ,
Investor Cell-Retail Bonds
REC Limited,
Plot No. I-4, A- Block, 2nd Floor
Near IFFCO Chowk, Sector-29
Gurugram-122001 Haryana

In case of any queries feel free to contact the following:

REC Investor Cell

Toll Free Number: 1800 180 2992
Email: investorcell@recl.in
Monday to Friday (10:00 AM to 06:00 PM)

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	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	1. 2.

certificate(s)	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"/>

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 ISR – 2

(see 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)

Confirmation of Signature of securities holder by the Banker

1. Bank Name and Branch		
2. Bank contact details Postal Address Phone number E-mail address		
3. Bank Account number		
4. Account opening date		
5. Account holder(s) name(s)	1) 2) 3)	
6. Latest photograph of the account holder(s)		
<div style="display: flex; justify-content: space-around; align-items: center;"><div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">1st Holder</div><div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">2nd Holder</div><div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">3rd Holder</div></div>		
7. Account holder(s) details as per Bank Records		
a) Address		
b) Phone number		
c) Email address		
d) Signature(s)		
1) <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div>	2) <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div>	3) <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div>
Signature verified as recorded with the Bank		
Seal of the Bank		
	(Signature)	
Place:	Name of the Bank Manager	
	Employee Code	
Date:	E-mail address	

**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 Debenture) Rules, 2014)

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

2) PARTICULARS OF NOMINEE/S –

- a) Name: :
- b) Date of Birth: :
- c) Father's/ Mother's/ Spouse's name: :
- d) Occupation: :
- e) Nationality :
- f) Address :
- g) E-mail id :
- h) Relationship with the Security holder :
- i) Specimen Signature of the nominee :

3) IN CASE NOMINEE IS A MINOR –

- a) Date of Birth :
- b) Date of Attaining majority :
- c) Name of guardian :
- d) Address of guardian :

Name of all the holder(s) (as appearing on the Certificate(s))		Signature as per specimen recorded with Company
Sole/ 1 st holder		
2 nd holder		
3 rd holder		
4 th holder		

Signature of two Witnesses:

	Complete Name and Address	Signature with date
1.		
2.		