

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

The Company Secretary  
The Ramco Cements Limited  
"Auras Corporate Centre", 5<sup>th</sup> Floor  
No:98-A, Dr.Radhakrishnan Road  
Mylapore, Chennai – 600 004.

Name of the Claimant(s) - Mr./Ms.								
Name of the Guardian – Mr./Ms.								
In case, the claimant is a minor – Date of Birth of the Minor *								

Relationship with Minor #		Father										
		Mother										
		Court Appointed Guardian *										
PAN (Multiple PAN may be entered)	✓	X	X	X	X	X	9	9	9	9	X	Claimant(s) / Guardian
		KYC Acknowledgement attached										
		KYC form attached										
Tax Status (please specify)		Resident Individual										
		Resident Minor (through Guardian)										
		NRI										
		PIO										
		Others										

\* Please attach relevant proof

# Tick in the relevant box

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



9 Digit MICR No									
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A/c. Type (✓)		S B
		Current
		NRO
		NRE
		FCNR

Name of Bank Branch	
City	
PIN	

Please attach & tick ✓

<input type="checkbox"/>	Cancelled cheque with claimant's name printed OR
<input type="checkbox"/>	Claimant's Bank Statement/Passbook (duly attested by the Bank Manager)

I/We 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

<input type="checkbox"/>	Private Sector Service	<input type="checkbox"/>	Public Sector Service
<input type="checkbox"/>	Government Service	<input type="checkbox"/>	Business
<input type="checkbox"/>	Professional	<input type="checkbox"/>	Agriculturist
<input type="checkbox"/>	Retired	<input type="checkbox"/>	Home Maker
<input type="checkbox"/>	Student	<input type="checkbox"/>	Forex Dealer
<input type="checkbox"/>	Others (Please specify)		

The Claimant is

<input type="checkbox"/>	a Politically Exposed Person
<input type="checkbox"/>	Related to a Politically Exposed Person
<input type="checkbox"/>	Neither (Not applicable)

Gross Annual Income `

Below 1 Lac	1 – 5 Lacs
5-10 Lacs	10-25 Lacs
25 Lacs-1 crore	> 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 Units 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 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 The Ramco Cements Limited 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 it.

I/We hereby authorize The Ramco Cements Limited to provide/ share any of the information provided by me/us including my holdings in The Ramco Cements Limited to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place	
Date	

Documents Attached (Please tick ✓ whichever is applicable)

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