FORMAT OF TRANSMISSION APPLICATION

(Please fill this application carefully after reading the notes mentioned below the application so that rejection of the application can be avoided)

| AARTI SUR<br>PLOT NOS<br>G.I.D.C. ES | ny Secretary<br>IANT B. GAIKWAI<br>RFACTANTS LIMIT<br>. 801, 801/23,<br>TATE, PHASE – III<br>195, DIST. VALSAI | TED<br>I,               |   |
|--------------------------------------|--|-------------------------|---|
| Dear Sir,                            |  |                         |   |
| transmission                         |  | (NAME OF DECE           | (APPLICANT ADDRESS) am applying for ASED) who expired on at bllowing description: |
| Folio No.                            | Certificate Nos.   | <u>Distinctive Nos.</u> | Shares covered in Face Value each certificate of ₹ 5/-                            |
| I am the                             | of the_de  | ceased. The followi     | ng are the legal heirs of the deceased:   |
| Sr. No.                              | Name & Address   | Age                     | Relationship with the deceased  |
|                                      | of the legal Heir  |                         |   |
| 1.                                   |  |                         |   |
| 2.                                   |  |                         |   |
| 3.                                   |  |                         |   |
|                                      | nce of probate of the  |                         | ninistration / succession certificate, I am ransmission.                          |
| My specime                           | en signature is as be  | elow:                   |   |
| [Signature c                         | of the Applicant]  |                         |   |

I hereby submit the following documents to support my claim for transmission of the shares held by the deceased:

- 1. Original Share Certificates for the entire holding
- 2. Death certificate of the deceased in original

or

- 3. Duly attested copy of the Death Certificate of the deceased
- 4. Indemnity Bond duly attested on Non-Judicial Stamp Paper (NJS) of ₹ 500/-
- 5. Affidavit on NJS of ₹ 100/- duly affirmed before S.E.M or Notary Public
- 6. No Objection Certificate from other legal heirs individually for transmitting the shares in my name
- 7. Proof of my identification
- 8. Attestation of my signature
- 9. My passport size photograph with my signature on the reverse

I hereby request you to transmit the shares covered under Folio No. (\_\_) standing in the name of the deceased in my name and enter my name in the Register of Members of the Company.

| Date:                                | Signature of the Applicant  |
|--------------------------------------|-----------------------------|
|                                      | 1.<br>2.<br>3.              |
| Names and addresses of the witnesses | Signatures of the witnesses |
| 1.                                   | 1.                          |
| 2.                                   | 2.                          |

#### NOTES:

- 1. The Application should be typed.
- 2. Shares can be transmitted to the maximum of three legal heirs only.
- 3. Please fill up the details as per the documents you are annexing. Please do not just type this format as it is.
- 4. If the applicant is/are illiterate, his/her/their thumb impression must be attested by a Magistrate or Notary Public under the seal of his office.
- 5. The Applicants should fill this form in the order in which their names should appear in the certificate.
- 6. The Death Certificate of the deceased shareholder, if not annexed in original should be duly attested either by S.E.M or S.E.O. or any Gazetted Officer
- 7. N.O.C. should be in affidavit or declaration form duly affirmed by the S.E.M or Notary Public. N.O.C. should be given by each legal heir individually.
- 8. Proof of identification and Signature attestation has to be provided for each applicant separately.
- 9. Please furnish a passport size photograph of yours duly signed by you on the reverse and copy of any two of the following, duly attested by S.E.M or Notary Public Ration Card, Election Card, PAN Card, Driving Licence, Passport, Electricity Bill, Telephone Bill, etc. as your proof of identification.
- 10. Please furnish us with a letter from the Bank Manager of the bank where you have an account, identifying you and verifying your signature alongwith your account details for signature attestation.
- 11. Please do not furnish mere Xerox copies of the documents requested.
- 12. Please annex all the documents required alongwith this application itself to avoid delay in transmission process.

# FORMAT OF INDEMNITY BOND FOR TRANSMISSION OF SHARES WITHOUT PRODUCING PROBATE / SUCCESSION CERTIFICATE / LETTERS OF ADMINISTRATION

(Please type this indemnity bond after carefully reading the notes mentioned below the format)

| AARTI SUR<br>PLOT NOS.<br>G.I.D.C. EST | y Secretary<br>ANT B. GAIKWAD<br>FACTANTS LIMIT<br>801, 801/23,<br>'ATE, PHASE – III,<br>195, DIST. VBALSAI | ED           | Т.                |                                    |                   |
|--|---|--------------|-------------------|------------------------------------|-------------------|
| WHEREAS                                |   |              |                   |                                    |                   |
|  | (NO OF SHARES) E<br>lars given below:   | Equity Share | s of ₹ 5/- each o | f (AARTI SURFACT                   | ANTS LIMITED)     |
| Folio No.                              | Certificate Nos.  | Distinctive  | Nos.              | Shares covered in each certificate | Face Value of Rs. |
| AND WHERE                              | AS  |              |                   |                                    |                   |
| (NAME OF D                             | ECEASED) expired or   | า            | leaving behind h  | ner the following heirs            | :                 |
| Sr. No. Name                           | & Address   | Age          | Relationship w    | ith the deceased                   |                   |
| of the                                 | legal heir  |              |                   |                                    |                   |
| 1.                                     |   |              |                   |                                    |                   |
| 2.                                     |   |              |                   |                                    |                   |
| 3.                                     |   |              |                   |                                    |                   |
| AND WHERE                              | AS:   |              |                   |                                    |                   |
| The above r                            | mentioned shares we   | ere the sen  | arate and self    | acquired property of               | the deceased      |

According to the law of Intestate Succession applicable to her by which she was governed at the time of his death, the persons mentioned herein above are the only heirs of the deceased. They are entitled

to inherit jointly the aforesaid shares covered under Folio No. \_\_\_\_\_ held by the deceased.

| Ν | 1O/ | M | TI | н | F | R | F | F | $\cap$ | R | F |  |
|---|-----|---|----|---|---|---|---|---|--------|---|---|--|
|   |     |   |    |   |   |   |   |   |        |   |   |  |

I, I (APPLICANT NAME), Residing at (ADDRESS). approach the Company to transmit the shares covered under Folio No. (\_\_) and bearing Certificate Nos. (\_\_) held by the deceased in my name and enter my name in the Register of Members of the Company without production of Probate of the Will / Letters of Administration or Succession Certificate from the Court of competent jurisdiction.

In consideration of the Company having agreed to transmit and register the aforesaid shares in my name, I am executing a bond in favour of the Company.

Upon the Company transmitting and registering the shares held by the deceased, I the undersigned applicant hereunder for myself, my heirs, executors, administrators and assigns do hereby covenant with the Company, its successors and assigns and agree and undertake at all times save, defend and to indemnify and keep indemnified the Company, its successors and assigns its estate and effects, and its Directors, Secretary and their heirs, executors and assigns from and against all actions, suits, proceedings, accounts, claims and demands whatsoever for or on account of the said shares or dividends or any part thereof or otherwise in connection with the same, and from and against all losses, costs, claims, actions, demands, risks, charges, expenses, damages and losses arising in any manner howsoever.

IN WITNESS WHEREOF I, the applicant herein have signed and set my hand on this \_\_\_\_ day of \_\_\_\_\_.

Name and address of the Applicant I (NAME OF APPLICANT) (ADDRESS)

Signature of the Applicant

Signatures of the Witnesses

Names and addresses of Witnesses

1.

1. 2.

2.

Place;

Date:

#### **SURETY**

| We, (name of the surety No.1) aged years, re   | esiding at (residential address of Surety No.1)  |  |  |  |  |
|--|--|--|--|--|--|
| and having business address at (official ad  | Idress of Surety No.1), having PAN No.           |  |  |  |  |
|  |  |  |  |  |  |
| and  |  |  |  |  |  |
| (name of the surety No.2) aged years, residing at (residential address of Surety No.2) and |  |  |  |  |  |
| having business address at (official address of Sur  | ety No.2), having PAN No,                        |  |  |  |  |
| the undersigned, certify that the above facts are  | true to the best of our knowledge. We bind       |  |  |  |  |
| ourselves sureties to make good all claims, charge   | ges, costs, damages, demands, expenses and       |  |  |  |  |
| losses which the Company, its successors and a   | ssigns its estate and effects and its Directors, |  |  |  |  |
| and Secretary may sustain, incur or be liable for  | in consequence of complying with the request     |  |  |  |  |
| contained above and the Company, its success   | ors, assigns, Directors and Secretary will be    |  |  |  |  |
| entitled to realise all claims, charges, costs, dama                                       | iges, demands, expenses and losses from our      |  |  |  |  |
| persons and our properties, as the case may be.  |  |  |  |  |  |
| Place:   |  |  |  |  |  |
| Date:  |  |  |  |  |  |
| Names and Addresses of the Sureties  | Signatures of the Sureties                       |  |  |  |  |
| 1.   | 1.   |  |  |  |  |
| 2.   | 2.   |  |  |  |  |
| Names and Addresses of the Witnesses 1.  | Signatures of the Witnesses 1.                   |  |  |  |  |
| 2.   | 2.   |  |  |  |  |

#### NOTES:

- 1. Indemnity Bond should be on Non-judicial stamp paper of ₹ 500/-.
- 2. Please fill up the details as per the documents you are annexing. Please do not just type this format as it is.
- 3. It should be executed by the person who is applying for transmission.
- 4. Maximum of only three legal heirs can apply for transmission.
- 5. Indemnity Bond should be witnessed by two persons.
- 6. Two sureties are required to be furnished
- 7. Witness and Surety have to be different individuals.
- 8. Each Surety has to attach attested copy of his PAN Card and Form 16 of the latest financial year and attested copy of his proof of identification viz. Election Card, Driving Licence, Passport, Electricity Bill, Telephone Bill, etc.
- 9. Indemnity Bond should be attested by Notary

## FORMAT OF AFFIDAVIT FOR TRANSMISSION OF SHARES WITHOUT PRODUCING PROBATE / SUCCESSION CERTIFICATE / LETTERS OF ADMINISTRATION

(Please type this Affidavit after carefully reading the notes mentioned below the format)

### **AFFIDAVIT**

| 11 | (NAME OF APPLICANT)  | . Residing at   | (ADDRESS)                               | ) do hereb | v solemniv | v affirm and | declare as  | under: |
|----|--|-----------------|---|------------|------------|--------------|-------------|--------|
|    | (1.0, (1.0) = 0.1, (1.1, 1.2, 0.1, 1.1, 1.1, 1.1, 1.1, 1.1, 1.1, 1.1 | , itoolallig at | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , 40       | ,          | , a a        | acciai c ac | aa     |

1. That (NAME OF DECEASED), was holding (NO OF SHARES) equity shares of Rs. (\_) each of (AARTI SURFACTANTS LIMITED) as per particulars given below:

Folio No. Certificate Nos. Distinctive Nos.

Shares covered in Face Value each certificate of ₹ 5/-

(NAME OF DECEASED) expired intestate on following heirs :

at Guntur leaving behind her the

Sr. No. Name of the heir

Age

Relation with the deceased

1.

2.

3.

- 3. The above mentioned shares were the separate and self acquired property of the deceased. According to the law of Intestate Succession applicable to her by which she was governed at the time of her death, the persons mentioned herein above are the only heirs of the deceased. They are entitled to inherit jointly the aforesaid shares covered under Folio No. (\_\_) held by the deceased.
- 4. That late (NAME OF DECEASED) has left no other heirs than those mentioned in paragraph 2 above and the persons mentioned therein are only her legal heirs.
- 5. I have already executed indemnity bond for transmitting the aforesaid shares held by the deceased in my name.
- 6. I, therefore, request Aarti Surfactants Limited., to transmit the shares in my name in the books of the Company without production of succession certificate/probate of the will/ letters of administration.

| I am executing this declaration to be submitted to the concerned authorities of the Company. |
|--|
| I hereby state that whatever is stated herein above are true to the best of my knowledge.    |

| Solemnly affirmed at | )                                       |
|----------------------|---|
| this day of          | ) (Signature of the Applicant) Deponent |
| Identified by me     | Before Me                               |
| Advocate             | S.E.M./ Oaths Commissioner/Notar        |

#### NOTES:

- 1. Affidavit should be on Non-judicial stamp paper of ₹ 20/- and on ₹ 100/-, if the applicant is resident of Maharashtra.
- 2. Please fill up the details as per the documents you are annexing. Please do not just type this format as it is.
- 3. It should be executed by the person who is applying for transmission individually.
- 4. Maximum of only three legal heirs can apply for transmission.
- 5. Affidavit should be attested by Notary/S.E.M/ Oaths Commissioner

### FORMAT OF **NO OBJECTION CERTIFICATE** FROM OTHER LEGAL HEIRS IN TRANSMISSION THE SHARES IN THE NAME OF THE APPLICANT

(This Declaration is to be executed on Non- Judicial Stamp Paper of ₹ 20/- and should be duly attested either by S.E.M. or Oaths Commissioner or Notary.

This Declaration has to be executed by each legal heir separately)

|            | <u>DECLARATION</u>   |
|------------|--|
| Ι,         | daughter of aged, residing at  |
|            | , do hereby solemnly affirm and  |
| declare as | under:   |
|            |  |
|            | 1. That (NAME OF DECEASED), the deceased, was holding (NO OF SHARE) shares in (AARTI SURFACTANTS LIMITED) covered under Folio No. () and Share Certificate Nos. () bearing Distinctive Nos. () |
|            | 2. That (NAME OF DECEASED) expired on (DATE OF EXPIRY).  |
| 3.         | That I am a legal heir of the said deceased. I am the  |
|            | of the deceased. (state relationship with the deceased)  |
| 4.         | I do not desire to make any claim of title of the said securities held by the  |
|            | deceased. I hereby agree to renounce all my rights existing as well as those that  |

may accrue to me in future in respect of the aforesaid securities.

in the name of the applicant, (NAME OF APPLICANT).

5. I declare that I have no objection whatsoever in transmitting the said securities

| Company.                     |  |
|------------------------------|--|
| I hereby state that whatever | er is stated herein above is true to the best of my knowledge. |
| Solemnly affirmed at         | )  |
| On this day of               | ) (Signature of the Legal heir)                                |
|                              | Deponent   |
| Identified by me             | Before Me  |
| Advocate                     | S.E.M./ Oaths Commissioner/Notary                              |

I am executing this declaration to be submitted to the concerned authorities of the