NSEL Investors Forum

25th August 2026

Requirement of Documents in case of Deceased Investor

Dear Fellow Investors,

Greetings on behalf of NSEL Investors Forum (NIF)

We have been receiving numerous queries about the documentation that would be required in case of Deceased Investors. Accordingly, we have tabulated the list of requirements that would be required for the team to process the claim by legal heirs.

Sr. No.	Document	Description
1.	**Death Certificate**	Self-attested copy of the Death Certificate. If the death occurred outside India, submit the Death Certificate issued by the foreign authority along with Apostille / Consular Attestation, wherever applicable.
2.	**Proof of Legal Heirship**	Submit **any one** of the following, as applicable: • Succession Certificate • Legal Heir Certificate • Probate of Will • Letters of Administration • Registered Will (where legally valid and accepted).
3.	**Transmission Affidavit** ***(Annexure – A)***	Original duly executed by all legal heir(s), declaring the details of the deceased investor, the legal heir(s), and the person authorized to receive the settlement amount
4.	**PAN Card and Aadhaar Card of Legal Heir(s)**	Self-attested copies of the PAN Card and Aadhaar Card of all claimant legal heir(s).
5.	**Cancelled Cheque**	Self-attested copy of the cancelled cheque of the bank account of the legal heir who will receive the settlement amount.
6.	**Guardianship Certificate**	Required only if the claimant legal heir is a minor.

Kindly note that submission of the above documents does not automatically entitle the claimant(s) to receive the settlement amount. All claims shall be subject to verification, reconciliation, legal scrutiny and approval in accordance with the Settlement Scheme, applicable laws, and the directions/orders of the Hon'ble Courts and/or any other competent authority.

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The Monitoring Authority, Trustee and/or NIF reserves the right to seek additional information, documents or clarifications, wherever considered necessary for processing the settlement claim.

The documents are to be emailed to investors@nsel-ots.in. Our help desk team will be available from Monday to Friday between 11 am to 5 pm on 8097361921, 8097365262, 8097358980 should you have any questions or require assistance.

The format of relevant annexures is attached herewith the circular.

Thanking you

Team NIF

Annexure - A

TRANSMISSION AFFIDAVIT

IN THE MATTER OF TRANSMISSION OF NSEL OTS CLAIM

(To be executed on Non-Judicial Stamp Paper of appropriate value as applicable under the relevant State law and sworn/affirmed before a Notary Public or other Competent Authority)

AFFIDAVIT

I, _____ aged about ___ years, residing at _____, do hereby solemnly affirm and state:

1. Shri/Smt. _____ holding PAN _____ ("the Deceased") expired on _____. A copy of the Death Certificate of the Deceased is enclosed herewith.
2. The deceased was registered with Broker: - _____ with Client Code: - _____(in case of more than one Broker, please specify the details of all Brokers)
3. The amount outstanding as on 31st July 2024 is Rs. _____
4. I/We are the only legal heir(s) of the deceased.
5. The particulars of all legal heirs are:

Sr. No.	Name of Legal Heirs	Relationship	Address

6. In support of the above declaration, I/We enclose (any 1 document):
   ☐ Succession Certificate ☐ Legal Heir Certificate ☐ Probate of Will
   ☐ Letters of Administration ☐ Registered Will

AUTHORIZATION FOR PAYMENT TO DESIGNATED CLAIMANT

I/We confirm that I/we have been informed of and are aware of the aforesaid OTS claim and the proposed receipt of the settlement amount.

I/We confirm that there is **no dispute or objection regarding the receipt of the OTS settlement amount by the Designated Claimant** named below.

Accordingly, I/we hereby **authorize and consent to the entire OTS settlement amount payable in respect of the Deceased's claim being disbursed directly to the bank account of the Designated Claimant**, whose particulars are set out below.

PARTICULARS OF DESIGNATED CLAIMANT

Name of Designated Claimant	
PAN Number	
Aadhaar Number	
Account Holder Name [As printed on cheque]	
Bank Name	
Account Number [As printed on cheque]	
IFSC Code [As printed on cheque]	

A cancelled cheque clearly showing the name of the account holder, account number and IFSC code of the Designated Claimant is enclosed herewith.

INDEMNITY AND UNDERTAKING

I/We jointly and severally undertake to indemnify and keep indemnified, to the extent permissible under applicable law, **NSEL Investors Forum (NIF), NSEL, 63 Moons Technologies Limited, the Trustee and their respective directors, officers, employees and representatives** against any loss, liability, claim, demand, action, proceeding, cost or expense arising directly from:

a) any false, incorrect or misleading statement or declaration made by me/us in this Affidavit-cum-NOC-cum-Indemnity Bond;
b) any claim by a person asserting a superior or competing right to represent the estate of the Deceased or to receive the OTS settlement amount, where such claim arises from any incorrect declaration or omission on my/our part; or
c) the payment of the OTS settlement amount to the Designated Claimant pursuant to my/our authorization and declarations contained herein.

In the event of any dispute concerning succession, representation or entitlement arising from any declaration made by me/us, **I/We shall be responsible for resolving such dispute among the concerned parties** and shall reimburse the aforesaid entities for reasonable costs and expenses incurred by them as a direct consequence thereof, subject to applicable law.

DECLARATION

I/We hereby declare that:

1. The information and particulars furnished in this document and in the accompanying documents are true, correct and complete to the best of my/our knowledge and belief.
2. I/We have not knowingly concealed any material fact relevant to the processing of the aforesaid OTS claim.
3. The person(s) signing this document have voluntarily given my/our consent for payment of the OTS settlement amount to the Designated Claimant.

4. I/We understand that the OTS settlement shall be governed by the applicable terms, conditions and procedures of the OTS Scheme and the requirements of the competent authority/OTS administrator.
5. I/We undertake to provide any further information or documentation that may reasonably be required for verification and processing of the claim.

VERIFICATION

I/We, the undersigned, do hereby verify that the contents mentioned above are true and correct to the best of my/our knowledge and belief and that nothing material has been concealed therefrom.

Verified at: _____[Place/city]

On this: _____ day of _____**, 20**

SIGNATURES OF DEPONENT(S) / LEGAL HEIR(S)

S. No.	**Name of Legal Heir**	**Signature**
1.		
2.		
3.		
4.		
5.		

WITNESSES: -

	WITNESS 1	**WITNESS 2**
Name		
Address		
Signature		

BEFORE NOTARY PUBLIC / COMPETENT AUTHORITY
Name of Notary / Competent Authority:

Registration / License No.:

Signature & Seal:

Date: