# TRANSMISSION REQUEST FORM

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

| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|---|

(Please fill all the details in **Block Letters** in English)

To,
**Depository Participant Name**
**Address**

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

To

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

Due to the death of ----------(Name of the deceased account holder(s)).
Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

| | **First / Sole Holder** | **Second Holder** |
|---|---|---|
| Name(s) of the surviving holder(s) | | |
| Signature(s) of the surviving holder(s | | |

**==========(Please tear here)==========**

**Acknowledgement Receipt**

**Application No.** **Date: -**

We hereby acknowledge the receipt of the following instructions for transmission from:

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

To

| DP ID | | | | | | | | | Client ID | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

| **Surviving Holder(s) Name(s)** | |
|---|---|
| **First/Sole Holder** | **Second Holder** |
| | |
| Documents Submitted | |

Subject to verification.

**Depository Participants Seal & Signature**


Public