Annexure 7.2

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
Fast Capital Markets Limited
Suit no. 10, 4th floor
Calcutta mansion, 4 Bishop Lefroy Road
Kolkata - 700020

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