

TRANSMISSION REQUEST FORM
 (In case of death of one / more of the joint holders)

Annexure 7.2

Application No.		Date													
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(Please fill all the details in **Block Letters** in English)

To,
KNA Share Brokers Pvt. Ltd.
405 Todi Chambers
2 Lal Bazar Street, Kolkata - 700001

Dear Sir / Madam,

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

DP ID	1	2	0	7	1	2	0	0	Client ID										
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To

DP ID									Client ID										
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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	1	2	0	7	1	2	0	0	Client ID										
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To

DP ID									Client ID										
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Surviving Holder(s) Name(s)	
First/Sole Holder	Second Holder
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature