

TRANSMISSION REQUEST FORM (In case of death of the sole holder)

Application	n No.										Date:							
	e Brokers Pr Chambers,		•		•	- 700 0	01.			,		'						
Dear Sir / PART – I:	Madam, (where nom	nination	n is reco	orded)														
the death	•	accour	nt holde	er. Orig				•		nor) request th Certificat	,			,	_			
Name of	the decease	d BO:																
DP ID	vuilibei oi ti	1	2	0	7	1	2	0	0	Client ID								
Kindly tra	Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned belo							w:	1	1	1							
	BO Accoun																	
DP ID	BO Account	rvann	JCI.							Client ID								
Name																		
Details of	Transmissio	on																
Sr. No		ISIN Company Name Quantity of securities to be transmitted																
					transmitted													
Attach an		luly sig	ned by	the No	minee /	[/] Succes	ssor / G	iuardia	n of th	e successor o	or nomin	ee (in o	case of	minor)	, if the	space	above	
(Nominee	· / Successor	r / Gua	rdian of	f the su	ıccesso	r or nor	ninee (in case	of min	or))								
Name		First	/ Sole A	Applica	int		Second Applicant Third Applicant											
Signature																		
J																		
PART – II:	(where nor	ninatio	n is not	record	ded)													
			No ob	ojectio	n State	ment fr	om otl	her hei	rs / suc	cessors who	are nor	-appli	cants					
1. 2.										, am/are l						ng tho	caid	
2.	securities	in the r	name(s)	of Mr	. / Mrs.			_	_	who ha								
3.		ration	of regis	tration	of the	aforesa	id secu	ırities i	n the cl	ient account								
	ID that may a									e hereby ren urities.	ounce al	my/ou	ır right	s existii	ng as w	ell as t	hose	
Signed in	the presenc	e of																
	Bank Manag	er		=										Signati	ure of I	egal he	eir	=
Full Name	and Addre	ss of B	ank Ma	nager:														
Name:		_																
Address:					-													

Note for all legal heirs / successors who are applicants / non-applicants:

Only one Transmission Request Form is to be submitted by claimants / non – claimants to the DP of the deceased BO for the transmission of securities wherein the intensions of the legal heirs / successors are collectively stipulated.

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Application No.	Date:	

We hereby acknowledge receipt of the instructions for transmissions of securities from the deceased BO's account to the account of the Nominee / Successor / Guardian of the successor or nominee (in case of minor), as per details given on the transmission form.

Account Number of the deceased BO:

	I .	_	_	_		_	-	_	611		-	_	_	_	_		_
DPID	1	2	0	7	1	2	0	0	Client ID	0	0	0	0	0	6	3	6

Successor BO Name (s)										
Second Applicant	Third Applicant									
	Second Applicant									

Subject to verification

Depositary Participants Seal & Signature