### TRANSMISSION REQUEST FORM

**(In case of death of the sole holder)**

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

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

**To,**

**Depository Participant Name**

**Address**

Dear Sir / Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case ~~of~~ the claimant is a Minor- Date of Birth of the minor\*) Relationship with the minor request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

\*Please attach relevant proof

Name of the deceased BO:

Account Number of the deceased BO:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DP ID |  |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |  |
| Date of the Deceased Sole Holder | | | | | | | | |  | | | | | | | | |

Kindly transmit all securities in the deceased BO’s account mentioned above to the BO account Mentioned below. Details of the Successor (s)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate**  **of the deceased** | **DP ID** | | | | | | | | **Client ID** | | | | | | | |
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| --- | --- | --- | --- | --- |
| **Details of Transmission** | | | | |
| **Sr. No** | **Name of the Security** | **ISIN** | **Quantity of securities to be transmitted** | **Percentage** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor),

if the space above is insufficient. (Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Nominee(1)**  **Successor/Guardian of successor/Nominee** | **Nominee(2)**  **Successor/Guardian of successor/Nominee** | **Nominee(3)**  **Successor/Guardian of successor/Nominee** |
| Name |  |  |  |
| Signature |  |  |  |

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

**Acknowledgement Receipt**

**Application No. Date: -**

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

Account number of the deceased BO

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

|  |  |  |
| --- | --- | --- |
| **Successor BO Name(s)** | | |
| **First/Sole Holder** | **Second Holder** | **Third Holder** |
|  |  |  |
| Documents Submitted | | |

Subject to verification.

**Depository Participants Seal & Signature**