

Tradejini Financial Services Pvt Ltd

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

TRANSMISSION

DP-ID: 76500 Sebi Regn. No. IN-DP-CDSL-681-2013 Corp. Off.: Vasavi Square, 2nd Floor, No-75/757 10th Main, 4th Block Jayanagar, Bangalore-560011 Ph: 91-80-4020 4020 Email: dp@tradejini.com

TRANSMISSION REQUEST FORM

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

Applicatio											Date		D	D	M	V	Υ	Y	Y	Y
(Please fill	(Please fill all the details in Block Letters in English)																			
To, Tradejini Financial Services Private Limited																				
Dear Sir /	Madam,																			
I / We, the	e joint hold	er(s) /	Succ	cesso	rs req	uest	you to	o tra i	ns	mit	he securitie	es bala	ance	fror	n:					
DP ID											Client ID									
То																				
DP ID											Client ID									
Due to the	e death of																			
Original D attached h											(Name of th arized / at								Offic	er) is
								First / Sole Holder					Second Holder							
	Name(s)																			
	Signature holder(s	ing																		
		===:	===:	===	===	===	(Ple	ase t	tea	ar he	re)====	===:	==:	===	:==:		===	===		-
Application No.											t Receipt	D	ate	:-						
We hereby	acknowled	ge the	e rece	ipt of	the f	ollow	ing in	struct	tio	ns fo	r transmissi	ion fro	m:							
DP ID											Client ID									
Го																				
DP ID											Client ID									
Survivin	g Holder(
First/Sole Holder													Sec	cond	l Hol	der				
Documer	nts Submitte	ed																		

Subject to verification.