

# TRANSMISSION FORM REQUEST

(In case of death of the sole holder )

# Tradejini Financial Services Pvt Ltd 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

Application No.		Date	D	D	M	M	Y	Y	Y	Y
(Please fill all the details in	Block Letters in English) To,									

Depository Participant Name Address

Dear Sir / Madam,

PART - I: (where nomination is recorded)

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of 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.

Name of the deceased BO:

ł	Account Number of the	e dec	eased	BO:							
	DP ID						Client ID				

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)	D	DP ID					Client ID								

Deta	Details of Transmission									
Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted							

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			

#### **PART – II**: (where nomination is not recorded)

## No Objection Statement from other heirs/successors who are non-applicants

- 1. I/We, the undersigned, residing at\_\_\_\_\_, am/are legal heir(s) of the said deceased.
- 2. I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. who has/have opened a beneficial owner account(s) under Client ID and DP ID .
- 3. In consideration of registration of the aforesaid securities in the client account of Mr / Mrs. under DP ID Client ID at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

# Signed in the presence of

Bank Manager

Signature of the legal heir

## Full Name and Address of Bank Manager:

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 intentions of the legal heirs/successors are collectively stipulated.

#### Acknowledgement Receipt Date: -

Application No.

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	e dec	easec								
DP ID						Client ID				
	•	•								

Successor BO Name(s)		
First/Sole Holder	Second Holder	Third Holder
Documents Submitted		
Subject to verification.		

#### **Depository Participants Seal & Signature**