

**TRANSMISSION
REQUEST
FORM**

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



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

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

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

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

To,
Tradejini Financial Services Private Limited

Dear Sir / Madam,

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

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

To

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

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												Client ID								
-------	--	--	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

To

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

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

Subject to verification.

Depository Participants Seal & Signature