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

		<del>- 1</del>											_	_	P. 4	2.7			1	-	
	cation No. e fill all the	details in	Block	Lett	ers in F	nalist	n)		Date	9			D	D	M	M	Υ	Υ	Υ	Y	
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Dear 9	Sir / Madan	n,																			
PAR	<b>Γ-Ι:</b> (w	here nom	ninatio	n is r	ecorde	d)															
	Nominee(s ing securiti																				
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	of the dec			BO:																	
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Details	s of the Su	ccessor (s)	)																		
Sr. No	0	Name o	f the S	Succe	essor (s	;)	DP	ID						Cli	ent I	D _					
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Detai	Is of Tran	smission																			
Sr.		Name of	the Se	ecurií	tv		ISIN							Quantity of securities to be							
No				-	-,											tra	nsmi	tte	<u>d</u>		
													+								
 Attach	an annex	ure duly s	sianed	by th	ne Nomi	inee(s	s)/ Su	icces	sor / G	Guard	lian	of th	ne si	ıcces	sor c	r no	mine	e(s)	(in (	case	
	), if the spa						,,											-(-)	(		
(Nomi	nees / Suc	cessor / G	uardiar	n of sı	uccesso	r or n	omine	ee(s)	(in cas	e of	Mine	or)									
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Nominee(1) Successor/Guardian of					Nominee(2) Successor/Guardian of						F	Nominee(3) Successor/Guardian of									
				successor/Nominee							successor/Nominee										
-		S	uccess	sor/N	lomine	е		su	cesso	,,,,,,					Suc	cess	OF/ N	OIII			
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3.	In consideration of regis																
	renounce all my/our rig respect of the aforesaid	hts e	existir	ng a													
Sig	gned in the presence of	F															
	Bank Manager									Sig	nat	ur	e o	f th	e le	egal	heir
Fu	ll Name and Address o	f Bar	ık M	ana	ger	:											
	me : dress :							_ _									
On the	ote for all legal heirs/surly one Transmission Reque deceased BO for the irs/successors are collective.	ıest F trar	orm esmis	is to sion	be of	sub	mit	ted by c	laim	nants,	/no	n-c	clair	nan			
		===:						r here)== : Receipt				==	==:	-==	===	===:	===
We	plication No.  hereby acknowledge receipt of ount of the Nominee(s) / Succethe transmission form.								rities		the						
_	ount number of the deceased B	<u>)                                    </u>		<del></del>	1		T (	Client ID		1 1		T	_		_		
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	Successor BO Name(s) First/Sole Holder				Seco	ond I	Hold	er				T	hire	d Ho	lder		
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-	Documents Submitted																
	ocuments Submitted																
Sub	ject to verification.																
D	epository Participants Seal 8	& Sigr	nature	e													