## TRANSMISSION REQUEST FORM

		(In case of	death of the sole holder	)						
Appli	cation No.		Date	0 0	H R Y V Y					
Pleas	e fill all the det	ails in <b>Block Letters</b> in English)	1							
o, epo ddr	sitory Particij ess	pant Name								
ear	Sir / Madam,									
AR	T – I : (where	e nomination is recorded)								
ecuri	ities due to the	or/ Guardian of the successor o death of the sole account holde under seal by a Gazetted Officer	r. Original Death Certificate	request y copy of	ou to <b>transmit</b> the following Death Certificate (duly					
	of the decease									
CCOL DP		he deceased BO:	Client ID							
				h	ount mentioned below					
ndiy	transmit all se	curities in the deceased BO's ac	count mentioned above to 1	ne BO acco	ount mentioned below.					
_	essor BO Accou	nt Number	Client ID	<del></del>						
DP Nai			T CHERCID							
eta Sr.	ils of Transmi		TOTAL		uantity of securities to be					
lo	Nai	me of the Security	ISIN		transmitted					
	ļ .									
_										
	pace above is in	sor / Guardian of successor or n First / Sole Holder	ominee (in case of Minor))  Second Holder		Third Holder					
NI-	me	THIST POILS HOLDE								
ING										
Siç	gnature									
L		L		L						
PAF	RT – II : (whe	ere nomination is not recorde	ed)							
			•							
	No Ob	jection Statement from o	ther heirs/successors	wno are	e non-applicants					
1.	I/We, the undersigned, residing at, am/are legal heir(s) of the sa deceased.									
			7							
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. / Mrswho has/have opened a beneficial owner account(s) under Client IDand DP ID									
3.	. In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs									
		Il my/our rights existing he aforesaid securities.	as well as those that	may acc	crue to me/us in future i					
		rating Instructions – June	2011		Page 1 of					

					A	nnex	ure 7.:	
Signed in the presence of	•							
Bank Manager			Signa	ature o	of the	lega	l heir	
Full Name and Address of	Bank Manager:							
Name : Address :				. •				
Note for all legal heirs/su Only one Transmission Requirable deceased BO for the neirs/successors are collective	est Form is to be submitt transmission of securit	ted by claim	ants/ne	on-clair	nante	to th	e DP o e lega	
=======================================	Please tear====================================	here)====: Receipt	=====	====:	===	====	===	
Application No.			Date: -					
Ve hereby acknowledge receipt of to ccount of the Nominee / Successon the transmission form.	the instructions for transmission r / Guardian of the successor of	n of securities or nominee (in	from the case of	deceas Minor),	ed BO's as per	s accou details	nt to the given or	
ccount number of the deceased BO								
DP ID DP ID		ient ID		ТТ	Т	П		
Succession BO No (-)								
Successor BO Name(s) First/Sole Holder	Second Holde		Third Holder					
7,000	Second Holde	-		Inirc	Hola	er		
· 								
Documents Submitted								
ubject to verification.								
Depository Participants Seal &	Signature							
	<del>-</del>							