

Transmission Request Form – Annexure 7.2
(In case of death of one / more of the joint holders)

Application No: _____

Date: _____

Dear Sir / Madam,

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

DP Id	1 2 0 7 5 8 0 0	Client Id	
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to

DP Id		Client Id	
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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)	⊗	⊗

Depository Participants Seal & Signature
(Subject to verification)

Note: To be submitted in duplicate for acknowledgment