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

| Applicat  | tion No.                   |              |      |       |      |       |       |  |       | Da            | ıte       |      |      |       |     |              |      |       |      |    |    |  |
|---|----------------------------|--------------|------|-------|------|-------|-------|--|-------|---------------|-----------|------|------|-------|-----|--------------|------|-------|------|----|----|--|
| (Please fill all the details in <b>Block Letters</b> in English)  |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| To,<br>Ina Stock Broking Co Pvt Ltd<br>PM-16, Stock Exchange,<br>Mezzanine Floor, Rotunda Building,<br>B S Marg, Fort, Mumbai – 400 023   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Dear Sir / Madam,   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| following   | g securition<br>h Certific | es du        | e to | ) the | e de | ath   | of th | าe s                                     | ole a | acc           | ount hold | der. | Orig | jinal | Dea | ath          | Cert | ifica | te / | СО | ру |  |
| Name of the deceased BO:  |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Account Number of the deceased BO:  |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| DP ID   |                            | 1            | 2    | 0     | 3    | 0     | 6     | 0  |       | С             | LIENT IE  | )    |      |       |     |              |      |       |      |    |    |  |
| Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.  Successor BO Account Number   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| DP ID<br>Name:  |                            |              |      |       |      |       |       |  |       | С             | LIENT I   | )    |      |       |     |              |      |       |      |    |    |  |
| name:   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Details Of Transmission   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Sr.No   | Sec                        | ecurity ISIN |      |       |      |       |       | Quantity of securities to be transmitted |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
|   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
|   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
|   |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Attach an annexure duly signed by the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), if the space above is insufficient. (Nominees / Successor / Guardian of successor or nominee (in case of Minor)) |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Namo  |                            |              |      | irst  | / Sc | ole F | lold  | er                                       |       | Second Holder |           |      |      |       |     | Third Holder |      |       |      |    |    |  |
| Name  |                            |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |
| Signatu   | re                         |              |      |       |      |       |       |  |       |               |           |      |      |       |     |              |      |       |      |    |    |  |

## **Acknowledgement Receipt**

Application No.

| We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO account to the account of the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), as per details given on the transmission form. |   |   |     |     |        |              |  |  |  |  |  |  |  |
|---|---|---|-----|-----|--------|--------------|--|--|--|--|--|--|--|
| Account number of the deceased BO   |   |   |     |     |        |              |  |  |  |  |  |  |  |
| DP ID 1 2 0   | 3 | 0 | 6   | 0   |        | CLIENT ID    |  |  |  |  |  |  |  |
|   |   |   |     |     |        |              |  |  |  |  |  |  |  |
| Successor BO Name(s):   |   |   |     |     |        |              |  |  |  |  |  |  |  |
| First Holder  |   |   | Sec | ond | Holder | Third Holder |  |  |  |  |  |  |  |
|   |   |   |     |     |        |              |  |  |  |  |  |  |  |
| Documents Submitted:  |   |   |     |     |        |              |  |  |  |  |  |  |  |
| Subject to verification.  |   |   |     |     |        |              |  |  |  |  |  |  |  |

**Depository Participants Seal & Signature** 

Date: -