

G-II, Ground Floor, Dalamal House, Nariman Point, Mumbai 400021. Tel: 022 4076 7373, Fax: 022 4076 7377, Email Id: compliance@kslindia.com, DP ID: 12081000 SEBI Regn No.: INZ000176837, SEBI DP Regn No.: IN-DP-55-2015 CIN No.: L67120MH1993PLC070709

## TRANSMISSION REQUEST FORM

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

Application No.		Date	D	D	М	М	Y	Υ	Y	Y
	(Please fill all the details i	n Block Letters in	Engli	ish)						

Dear Sir / Madam,

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

То

	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		

	Acknowledg	ement Receipt								
Application No.		Date	D	D	М	М	Y	Y	Y	Y

We hereby acknowledge the receipt of the following instructions for transmission from:

	DP ID					Client ID				
То										

То

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

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