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

Application No.	Date	D	D	M	M	Y	Y	Y	Y
(Please fill all the details in Block Letters in English)									

Τo, **Depository Participant Name** Address

Dear Sir / Madam,

PART – I: (where nomination is recorded)

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of Minor) request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

Name of the deceased BO:

Account Number of the	e dece	easec	I BO:							
DP ID						Client ID				

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

Sr. No	Name of the Successor (s)	DP ID							Client ID								

Detai	Details of Transmission										
Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted								

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor), if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor)

	Nominee(1) Successor/Guardian of successor/Nominee	Nominee(2) Successor/Guardian of successor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee
Name			
Signature			

PART – II : (where nomination is not recorded)

No Objection Statement from other heirs/successors who are non-applicants

- 1. I/We, the undersigned, residing at____ ____, am/are legal heir(s) of the said deceased.
- 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. / Mrs.

who has/have opened a beneficial owner account(s) under Client ID _ and DP ID 3. In consideration of registration of the aforesaid securities in the client account of Mr / Mrs. ______ under DP ID ______ Client ID ______ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

Bank Manager

Signature of the legal heir

Full Name and Address of Bank Manager:

Name	:	
Address	:	

Note for all legal heirs/successors who are applicants / non-applicants:

Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.

	====(Please tear here)===================================
	Acknowledgement Receipt
Application No.	Date: -

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

Successor BO Name(s)								
First/Sole Holder	Second Holder	Third Holder						
Documents Submitted								

Subject to verification.

Depository Participants Seal & Signature

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

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Applicatio	on No. all the deta	ils in	Bloc	k 4+	tore	in Fr	alich)			Date	D	D	[1]	[V]	Y	Y	Y	Y
(Fiedse III		115 111	DIOC	r ret	lers	111 E()	yıısıı)											
To, Deposito Address	ry Particip	ant N	lame	1														
Dear Sir / Madam,																		
I / We, the joint holder(s) / Successors request you to transmit the securities balance from:																		
DP ID										Client ID								
То																		
DP ID										Client ID								
Due to the	، death of -																	
Due to the death of												er) is						
	First / S								/ So	le Holder		Sec	ond	Hold	er			
	Name(s) of the surviving holder(s)												_					
	Signature holder(s	(s) of	the s	urvivi	ng													
======			:===				(Plea	ise t	ear l	here)====		===	.===			===		=
							-			ent Receipt								
Application	on No.										Dat	e: -						
We hereby	v acknowled	ge th	e rece	eipt o	f the	follov	ving i	nstruc	ctions	s for transmissi	on from	1:						
DP ID										Client ID								
То																		
DP ID										Client ID			_					
Survivi	ng Holder(ς) Ν:	- mo/	<u>(</u>)														
		First/			ler						Se	cond	Hole	der				
								T										
Documents Submitted																		
Subject to	verification																	

Depository Participants Seal & Signature

Letter of Indemnity

To, Depository Participant Name Address

Dear Sirs,

Sub: Transmission of securities standing in the name of Late Mr./Mrs.

I/We hereby inform you that Mr./Mrs. _________ the deceased, was holding a Client account no. _______ with _______ a Depository Participant having DP ID ______. The said deceased BO was holding the following securities:

ISIN	Name of Company	Number of securities

The said deceased died intestate without leaving a Will on the _____ day of ______.

We further inform you that he/she left behind him/her only surviving heirs and next of kin, the following persons according to the Law of Intestate Succession application to him/her by which he/she was governed at the time of his/her death.

- (a) _____
- (b) _____
- (c) _____

We have, therefore, approached you with a request to transfer the aforesaid securities in the name of the undersigned Mr. / Mrs. / Ms. ______ on my/our behalf without insisting on the production of a Succession Certificate or an Order of the Court of competent jurisdiction and you have kindly agreed to do so on my/our executing an indemnity as is herein contained and on relying on the information herein given by us believing the same to be true.

In consideration	on, there	fore, of yo	our having a	t our request a	greed to tra	nsfer securities	to the
name of the u	Indersign	ed		,]	. / we hereb	by jointly and se	verely
agree and unc	dertake t	o indemnif	y and keep	indemnified, sa	ved, defend	led, harmless yo	u and
your successo	rs and a	ssigns for	all time he	ereafter against	all losses,	costs, claims, a	ctions,
demands, risks	s, charge	es, expense	es, damages	s, etc., whatsoe	ver which y	ou may suffer a	and/or
incur by reaso	on of you	ur, at my/	our request,	, transferring th	e said secu	rities as herein	above
mentioned, to	the unde	ersigned				without insist	ing on
production of a	a Success	ion Certific	ate or an Or	der of the Court	of compete	nt jurisdiction.	
IN WITNESS W	/HEREOF	THE said _	5 1 ()	<u> </u>	have her	re unto set their	
respective har	nds and s	eals this	[Name(s)	of applicant(s)] day of		of	
Signed and del							
Signature(s) of	applicar	ıt(s)					
Date:							
Place:				(Signature o	of Magistrat	te/Notary)	
Full Name an	d Addre	ss of Mag	istrate /No	otary:			
Name	:						
Address	:						
		PIN					
Registration No	D:						

Use space below to affix:

Notarial / Court Fee Stamp	<u>Official Seal of</u> <u>Magistrate / Notary</u>

Note: This indemnity is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

[ref: Communiqué no. CDSL/OPS/DP/1685 dated August 18, 2009]

Affidavit

I,	son/daughter/spouse of residing at
	do hereby solemnly
affirm an oath and state as under: -	
1. That Mr. / Mrs	the deceased was holding a Client
Account No	_ with a Depository
Participant having DP ID	. The said deceased was holding the following securities:

ISIN	Name of Company	No. of securities

- 2. That the deceased had died intestate on ______ at _____
- 3. That the following are the only legal heir(s) of late Mr. / Mrs. _____.

	Name	Address	Age	Relationship with the deceased
1				
2				
3				
4				

- 4. That out of aforesaid legal heirs Master / Kumari ______ aged _____ years is a minor and he / she is being represented by his / her father/mother and natural guardian Mr. / Mrs.
- 5. That all the legal heirs of my deceased ______ have applied to ______ (DP name) to register the aforesaid securities in my/our individual/joint beneficial owner account and have executed a Letter of Indemnity in favour of the Participant/CDSL holding the Participant / CDSL indemnified against any loss, cost, expenses or damages which may be caused to them in consequence of any claim which may be made by or on behalf of any person claiming any interest in the said shares.

DEPONENT

VERIFICATION

I hereby solemnly affirm and say that what is stated herein above is true to my knowledge and nothing has been concealed therein and that I am competent to contract and entitled to rights and benefits of the above securities.

Solemnly affirmed at	on the _	day of	of	·
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Full Name and Address of Magistrate / Notary

Signed in the pres Name	sence of :		
Address	:	 City	_ Pin

Registration No :

(Signature of Magistrate / Notary)

Use space below to affix:

Notarial / Court Fee Stamps	Official Seal of Magistrate/Notary

- **Notes:** 1. This affidavit is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.
 - 2. Each deponent should sign this affidavit separately.

[ref: Communiqué no. CDSL/OPS/DP/1879 dated February 02, 2010]