

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

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

To,

Inter-connected Stock Exchange of India Ltd. (DPID -13023400)  
SEBI Reg. No. : IN-DP-CDSL-143-2001  
International Infotech Park  
Tower 7, 5<sup>th</sup> Floor, Sector 30, Vashi  
Navi Mumbai -400703  
**Phone: 022- 27812812 • Fax: 022- 27812794**

Dear Sir / Madam,

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

DP ID										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)		

===== (Please tear here) =====

**Acknowledgement Receipt**

Application No.

Date: -

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

DP ID										Client ID							
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To

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

Subject to verification.

Depository Participants Seal & Signature