

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

	(	ouso o	. 40	u	01 1110			,										
Application No.					Dat	е			D	D	M	M	Υ	Υ	Υ		Υ	
(Please fill all th	e details in <b>Block Letters</b> in	English	1)															
To, Depository Pa Address	ticipant Name																	
Dear Sir / Mada	m,																	
PART – I : (w	here nomination is record	ded)																
the following se	e(s) / Successor/ Guardian of curities due to the death of the attested under seal by a Ga	he sole	acco	unt	holder.	Orig	inal	Deatl			•		,					
Name of the dec	eased BO: of the deceased BO:																	
DP ID				Cli	ent I	D								L				
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	Sr. No Name of the Successor (s)				1					Cli	ent I	D		_				
													$\dashv$	+				
													$\equiv$					
	Details of Transmission																	
Sr. No		ISIN							Quantity of securities to be transmitted									
A44 I				·		2		- C 11-				· ¢		(-)	(!		_	
	ure duly signed by the \$Nom ace above is insufficient.	ninee (s	5)/ 3	oucce	essor / ·	Juar	ılan	oi in	e su	ccess	sor o	*nor	ninee	: (S)	(in	case	) OI	
(Nominees / Suc	cessor / Guardian of success	sor or n	omir	nee <b>(</b> s	<b>s)</b> (in ca	se of	f Min	or)										
\$	Nominee(2)								Nominee(3)									
Successor/Guardian of successor/Nominee			Successor/Guardian of successor/Nominee							Successor/Guardian of successor/Nominee								
Name	34355351714611111	100					J	100			340	.0033	51711	OIII.			٦	
Signature																		
o.g. a.u. o																		
PART – II : (	where nomination is not r	ecorde	ed)															
	Objection Statement fo			r he	eirs/su	cce	ssor	's w	ho :	are	non	-app	lica	nts				
	<b>,</b>								- •	-								
1. I/We, th deceased	, am/are legal heir(s) of the sa										aid							
	not desire to make ar	•											ave	no	obje	ecti	on	



Annexure 7.1

	who has/have opened a b	enefi	cial ow	ner a	ccour	nt(s) under	Clien	it ID		an	d DP	ID _	·			
3.	In consideration of registr			Cli	ent I	D		at n	ny re	ques	t, I/W	Ve he	ereby			
	renounce all my/our right respect of the aforesaid se		_	is we	ll as	those that	may	accri	ue to	me/	us in	futu	ıre in			
Siç	gned in the presence of															
	Bank Manager						S	igna	ture	of th	ne leç	 gal h	 neir			
Fu	II Name and Address of	Bank	Mana	ger:												
Na Add																
On the	te for all legal heirs/suc ly one Transmission Reque e deceased BO for the rs/successors are collective	st Fo	rm is to missior	o be s	subm	itted by cla	aiman	ts/no	n-cla	iman						
	======================================	====				ar here)=== nt Receipt		:===: te: -	====		===:	====	==			
acco	hereby acknowledge receipt of the bunt of the *Nominee(s) / Succeen on the transmission form.															
	ount number of the deceased BO		1	1	1	Client ID	-	-	1 1	1			1 1			
<u> </u>	P ID		<u> </u>		ļ ļ	Client ID			ļļ	ļ		<u> </u>	ļ			
5	Successor BO Name(s) First/Sole Holder			Seco	nd Ho	lder		Third Holder								
	3 11 2 11 2 11 2 11 2 11 2 11 2 11 2 11															
[	Documents Submitted															
Sub	ject to verification.															
D	epository Participants Seal &	Signa	ture													