

TRANSMISSION-CUM-DEMATERIALIZATION FORM

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

| | | | | | | | | | | |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|
| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|

(Please fill all the details in **Block Letters** in English)

To,
Kantilal Chhaganlal Securities Pvt. Ltd.
7th Floor, Sangita Ellipse Plot No. 32, Tajpal Scheme Sahakar Road, Vile Parle(E) Mumbai, Mumbai, Maharashtra 400057.

Dear Sir / Madam,

I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were held by me/us jointly with Mr./Mrs./Ms. _____, who has expired.

The **Original Death Certificate / a copy of the death certificate, duly notarised or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificate listed below.

I/We request you to advise the Issue/RTA to process the demat request and credit the securities to the demat account mentioned below:

DEMAT ACCOUNT NUMBER of surviving BOs:

| | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|------------------|---|---|---|---|---|---|---|---|--|
| DP ID | | | | | | | | | | | Client ID | | | | | | | | | |
| DRF No. | | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y | |

| Sr. No. | Name of the Security | ISIN | Quantity to be transmitted |
|---------|----------------------|------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If there are more ISINs to be dematerialized, attach an Annexure, duly signed by the account holders

| | 1 | 2 |
|---|---|---|
| Name(s) of the surviving holder(s) | | |
| Signature(s) of the surviving holder(s) | | |

ACKNOWLEDGEMENT RECEIPT

| | | | | | | | | | | |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|
| APPLICATION No. | | Date | D | D | M | M | Y | Y | Y | Y |
|------------------------|--|-------------|---|---|---|---|---|---|---|---|

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from:

Demat Account number of the surviving BO(s):-

| | | | | | | | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|------------------|---|---|---|---|---|---|---|---|--|
| DP ID | | | | | | | | | | | Client ID | | | | | | | | | |
| DRF No. | | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y | |

| | | |
|---|----------------------|---------------------|
| surviving Holder(s) Name(s) - (strike out what is not applicable): | | |
| First / Sole Holder | Second Holder | Third Holder |
| | | |
| Documents Submitted | | |

Documents subject to verification.