

TRANSMISSION REQUEST 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 joint holder(s) / Successors request you to **transmit** the securities balance from :

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

To

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	Third Holder
Name(s) of the surviving holder(s)			
Signature(s) of the surviving holder(s)			

----- (Please tear here) -----

ACKNOWLEDGEMENT RECEIPT

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

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

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

To

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

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

Subject to verification.

Kantilal Chhaganlal Securities Pvt. Ltd.

Seal & Signature