

Tradebulls House, Sindhubhavan Road, Bodakdev, Ahmedabad - 380054

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TRANSMISSION REQUEST FORM (ANNEXURE 7.2)
(In case of death of one / more of the joint holders)

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

Application No		Date	
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Dear Sir / Madam,

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

DP ID	1	2	0	7	0	2	0	0	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.

Sr. no	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	
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We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID	1	2	0	7	0	2	0	0	Client ID								
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To

DP ID									Client ID								
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Successor BO Name(s)		
First Holder	Second Holder	Third Holder
Documents Submitted		

Subject to verification.

Depository Participant Seal and Signature