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

					ν-		3E U							-										
Application											Date				D	D	V		М	}	/	Υ	Υ	Υ
(Please fill a	all the de	tails in	Bloc	k Let	ters	in Er	nglisł	۱)																
To, Depository Address	y Partici	ipant N	lame	:																				
Dear Sir / M	ladam,																							
PART – I	: (wher	e nomi	inatio	on is	reco	ordec	d)																	
I/we, Nomii following se (duly notari	curities o	due to t	he de	eath o	of the	e sole	acc	ount	holo	ler.	Origina	al D	eat	h Ce										
Name of the			eased	d BO:		ı										1								
DP ID											Client	ID												
Kindly trans Details of th				ne de	cease	ed BC	o's a	ccou	nt m	enti	oned al	000	e to	the	в ВО	acco	unt	m	entic	one	ed be	elow.		
Sr. No	N	ame of	the	Succ	cesso	or (s))	DI	P ID							Cli	ent	IC)					
												-											-	+
																								1
Details of	Transm	ission																						
Sr. No	Na	me of t	the S	ecur	rity						ISIN					Quantity of securities to transmitted					to l	Эе		
																						-		
Attach an a Minor), if th						Nomir	nee(s	s)/ S	ucce	SSO	r / Gua	rdia	an	of th	ne si	ucce	SSO	10	noi	mir	nee(s) (ir	n cas	se c
(Nominees	, / Success	cor / Gu	ıardia	n of	CLICC	occor	or n	omir	000/0	-) (iı		of M	line	nr)										
(Norminees	Jucces	501 / GC					01 11	OITIII	iee(s	<i>,</i> ,)i)										
		Suc		omin or/G		L) dian	of		Suc		omine			ın o	f		Suc				ee(Gua	3) diar	ı of	
		SL	ıcces	sor/	Non	ninee	•	successor/Nominee						successor/Nominee										
Name																								
Signature	!																							
PART – I	[:(whe	ere non	ninat	ion i	s no	t rec	orde	ed)																
	N - Obi									•	,													
	No Obj	jectioi	n Sta	aten	nent	t fro	m o	the	r he	eirs	/succ	ess	sor	'S W	ho a	are	no	n-a	app	lic	can	S		
1. I/We		ndersi	igne	d, r	esid	ing	at							_, a	am/a	are	leg	jal	he	ir((s)	of t	he s	sai
2. I/We	do no	t desii	re to	n ma	ake	anv	clai	im (of t	itle	of th	Δ 6	sai	d c	2011	riti o		no	l ha	21/6	- n∈	o ob	ojec	tio
いいりつき	SOEVER																			ıvı			-	
	soever has/hav	in tra	nsmi	itting	g th	e sai	id s	ecu	ritie	s ir	the r	nar	ne	(s)	of N	۹r. ,	/ M	rs.						

	Documents Submitted			
9				
	Successor BO Name(s) First/Sole Holder		Second Holder	Third Holder
	count number of the decease	ed BO	Client ID	
We	hereby acknowledge receip			ities from the deceased BO's account to the ee(s) (in case of Minor), as per details given
	elelelele		==(Please tear here)== nowledgement Receipt	Date: -
the	•	the transmissi	ion of securities whe	aimants/non-claimants to the DP of erein the intentions of the legal
	ote for all legal heirs			
	me : _dress : _			
Fu	II Name and Address	s of Bank Mar	nager:	
	Bank Manager	_		Signature of the legal heir
Sig	gned in the presence	e of		
		rights existing		at my request, I/We hereby t may accrue to me/us in future in
		JP 11 J	Client 1D	

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

Application	n No.									Date		D	D	M	M	Υ	Υ)	Υ	
(Please fill a	all the deta	ails in	Bloc	k Let	ters i	n En	glish)												·	
To, Depositor Address	y Particip	ant N	lame																	
Dear Sir / M	1adam,																			
I / We, the	joint holde	er(s)/	Succ	essor	s requ	uest	you to	tra	nsm	it the securitie	s bal	ance	fror	n:						
DP ID										Client ID										
То																				
DP ID										Client ID										
Due to the																				
Original De	ath Certif									(Name of the notarized / att								d Of	icer)	
							ı	First	/ S	ole Holder		Second Holder								
	Name(s)	of the	survi	ving	nolder	(s)														
	Signature holder(s	(s) of	the s	urvivi	ng															
=====	=====					-==	(Plea	ıse t	tear	here)====		==:	===	==:		==:	===		:==	
Applicatio	n No.					Ac	cknov	wled	gen	nent Receipt		Date	: -							
We hereby	acknowled	lge th	e rec	eipt o	f the f	follov	ving i	nstru	ctior	ns for transmiss	sion f	rom	:							
DP ID										Client ID										
То																				
DP ID										Client ID										
Survivin	g Holder	(s) Na	ame(s)																
		First/	Sole	Holo	ler							Sec	cond	Hol	der					
Documen	ts Submitt	ed							1											

Subject to verification.

Depository Participants Seal & Signature

Letter of Indemnity

To, Depos Addre	sitory Participant Nam ss	e	
Dear S	irs,		
Sub:	Transmission of secu	urities standing in the name o	of -
I/We h			the deceased,
was h	olding a Client account	no with	a
Deposi	tory Participant having	DP ID The sa	id deceased BO was holding the
followi	ng securities:		
	ISIN	Name of Company	Number of securities
The sa	id deceased died intestat	e without leaving a Will on the _	day of
		-	·
We fur	ther inform you that he	/she left behind him/her only su	rviving heirs and next of kin, the
followi	ng persons according to	the Law of Intestate Succession	application to him/her by which
he/she	was governed at the tim	ne of his/her death.	
(a)			
(b)			
(c)			
Ma ha	vo thoroforo approach	ad you with a request to transf	or the aforesaid cocurities in the
			er the aforesaid securities in the on my/our
	_		ficate or an Order of the Court of
	-	•	my/our executing an indemnity as
			en by us believing the same to be
true.	- ,	5	, 3

In consideration, the	erefore, of yo	ur having at our request	agreed to transfer sec	urities to the
name of the unders	igned		, I / we hereby jointly	and severely
agree and undertake	e to indemnif	y and keep indemnified,	saved, defended, harm	less you and
your successors and	d assigns for	all time hereafter again	st all losses, costs, cla	ims, actions,
demands, risks, cha	rges, expense	es, damages, etc., whats	soever which you may s	suffer and/or
incur by reason of	your, at my/o	our request, transferring	the said securities as I	herein above
mentioned, to the u	ndersigned		withou	t insisting on
production of a Succe	ession Certific	ate or an Order of the Cou	urt of competent jurisdic	tion.
IN WITNESS WHERE	OF THE said _		have here unto se	t their
respective hands an	d seals this	[Name(s) of applicant(s	5)] f of	
Signature(s) of applic	cant(s)			
Date:				
Place:		(Signature	e of Magistrate/Notar	y)
Full Name and Add	lress of Mag	istrate /Notary:		
Name :				
Address :				
	PIN _			
Registration No:				

Use space below to affix:

Notarial / Court Fee Stamp	Official Seal of Magistrate / Notary

Note: This indemnity is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.

[ref: Communiqué no. CDSL/OPS/DP/1685 dated August 18, 2009]

Affidavit

I, _				reciding	son/daughter/spouse of
				residing	do hereby solemnly
affi	rm an oath and state as und	ler: -			
1.	That Mr. / Mrs Account No Participant having DP ID _		with The said deceased w	the dece	ased was holding a Client a Depository e following securities:
	ISIN		Name of Company		No. of securities
2. 3.	That the deceased had die That the following are the	d int	estate onat legal heir(s) of late Mr. / Mrs		.
	Name		Address	Age	Relationship with the deceased
1					
2					
3					
4					
	is a minor and he / she is	being	rs Master / Kumari g represented by his / her fathe 	r/mother and	natural guardian Mr. / Mrs.
	my/our individual/joint be the Participant/CDSL hold damages which may be c	nefici ing t ause	(DP name) ial owner account and have exemple the Participant / CDSL indemnited to them in consequence of any interest in the said shares.	to register ecuted a Lette fied against a	the aforesaid securities in r of Indemnity in favour of ny loss, cost, expenses or
					DEPONENT
VE	RIFICATION				
bee			nat what is stated herein above in competent to contract and er		
Sol	emnly affirmed at	·	on the o	day of	of

Full Name ar	nd Address	s of Magistrate / Notar	
Signed in the p Name		·	
Address	:		
Registration N	No :		
			(Signature of Magistrate / Notary)
Use space belo	ow to affix:		
Not	arial / Co	urt Fee Stamps	Official Seal of Magistrate/Notary

- **Notes:** 1. This affidavit is to be executed in the presence of a first class or stipendiary Magistrate / Public notary / Judicial.
 - 2. Each deponent should sign this affidavit separately.

[ref: Communiqué no. CDSL/OPS/DP/1879 dated February 02, 2010]