



5paisa

5paisa Capital Limited

Sun Infotech Park, 1st Floor, Plot No.B-23, Road No 16V, MIDC, Thane Industrial Area, Wagle Estate,
Thane, Maharashtra 400604 •Tel:+ 91 89766 89766 • E-mail: support@Spaisa.com

CDSL DP ID: 12082500

Transmission Request Form (In case of death of the sole holder)

Annexure 7.1

(Please fill all the details in **BLOCK LETTERS** in English)

To,

5 paisa Capital Limited
Andheri (East), Mumbai-
400069

Application No.: _____

Date: / /

Dear Sir/ Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case the claimant is a Minor-
Date of Birth of the minor*) Relationship with the minor _____ request you to transmit the following
securities due to the death of the sole account holder. Original Death Certificate/ copy of Death Certificate
(duly notarized/ attested under seal by a Gazetted Officer) is attached herewith.

***Please attach relevant proof**

Name of the deceased BO:

Account Number of the deceased BO:

| | | | | | | | | | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|------------------|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 8 | 2 | 5 | 0 | 0 | Client ID | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|------------------|--|--|--|--|--|--|--|--|

Date of the Deceased Sole Holder _____

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 | Name of the Successor (s)/Nominee / Legal Heir/ Successor to the Estate of the deceased / Administrator of the Estate of the deceased | DPID | Client ID |
|--------|---|------|-----------|
| | | | |
| | | | |
| | | | |

Details of Transmission

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

Attach an annexure duly signed by the Nominee(s)/ Successor/ Guardian of the successor or nominee(s) (in case of Minor),



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if the space above is insufficient.

(Nominees/ Successor/ Guardian of successor or nominee(s) (in case of Minor)

| | Nominee(1) Successor/Guardian of successor/ Nominee | Nominee(2) Successor/Guardian of successor/Nominee | Nominee(3) Successor/Guardian of successor/ Nominee |
|-----------|---|--|---|
| Name | | | |
| Signature | | | |

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

Acknowledgement Receipt

Application No.

Date: -

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

DP ID 12082500

Client ID

| Successor BO Name(s) | | |
|----------------------|---------------|--------------|
| First/Sole Holder | Second Holder | Third Holder |
| | | |
| Documents Submitted | | |

Subject to verification.

Depository Participants Seal & Signature