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@5paisa.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)

		Арр	olication No.	·		
17 1		Date	e: / /			
- I (where nom	ination is reco	<u>orded)</u>				
successor or nomine	e (in case of Minor) request vou	to transmi :	the follo	wina	
le account holder. C	riginal Death Cert					
2 5 0 0	Client ID					
eased BO's account m	entioned above to	the BO accou	ınt mentione	ed below.		
	Client ID					
curity	ISIN		Quantity of securities to be transmitted			
	IN					
	IN					
		IN				
	IN					
pace above is insufficient. nees/Successor/Guardian of successor or nomi				Third Holder		
	Depo	sitory Parti	cipant Seal	l & Signa	ature	
5paisa Capital Limited Acknowledgment Receipt Date: / /						
ions for transmission of see (in case of Minor), as pe				it of the No	minee/	
	er details given on the t				minee/	
	e successor or nomine le account holder. Ozetted Officer) is attace 2 5 0 0 eased BO's account m curity Nominee / Successor f successor or nom er So	e successor or nominee (in case of Minor, ele account holder. Original Death Cert zetted Officer) is attached herewith. 2 5 0 0 Client ID eased BO's account mentioned above to eleased BO's account mentioned BO's account mentioned BO's account mentioned BO's account mentioned BO's acc	- I (where nomination is recorded) e successor or nominee (in case of Minor) request you le account holder. Original Death Certificate/ copy zetted Officer) is attached herewith. 2 5 0 0 Client ID eased BO's account mentioned above to the BO account in IN IN IN IN Nominee / Successor / Guardian of the successor or in f successor or nominee (in case of Minor) er Second Holder Depository Particular Spaisa Capital Limited	e successor or nominee (in case of Minor) request you to transmi ele account holder. Original Death Certificate/ copy of Death Cetted Officer) is attached herewith. 2 5 0 0 Client ID eased BO's account mentioned above to the BO account mentioned in the	esuccessor or nominee (in case of Minor) request you to transmit the folke le account holder. Original Death Certificate/ copy of Death Certificate zetted Officer) is attached herewith. 2	

Subject to verification

PART - II (where nomination is not recorded)

NO OBJECTION STATEMENT FROM OTHER HEIRS/SUCCESSORS WHO ARE NON-APPLICANTS

1.	I/We, the undersigned, residing at					
	, a	m/are legal heir(s) of the said deceased.				
2.	I/We do not desire to make any claim of title of the said securities in the name(s) of Mr. / Mrsopened a beneficial owner account(s) under Client ID	who has/have				
3.	3. In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs					
SIC	under DP ID Client IE renounce all my/our rights existing as well as those that may accrue to me					
ВА	ANK MANAGER	SIGNATURE OF THE LEGAL HEIR				
Fu	ıll Name and Address of Bank Manager:					
Na	ame					
Ad	ddress	-				
		-				

NOTE FOR ALL LEGAL HEIRS/SUCCESSORS WHO ARE APPLICANTS/ NON-APPLICANTS

Only one Transmission Request Form is to be submitted by claimants/ non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/ successors are collectively stipulated.