

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

Dear Sir / Madam,

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

DP ID	1	2	0	2	3	0	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.

	1 <sup>st</sup> Holder Signature	2 <sup>nd</sup> Holder Signature
Name(s) of the surviving holder (s)		
Signature(s) of the surviving holder (s)		

**Acknowledgement Receipt**

**Application No.**

**Date :-**

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

DP ID									Client ID										
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To,

DP ID									Client ID										
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**Account number of the deceased BO:**

DP ID									Client ID										
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**Surviving Holder(s) Name(s)**

First / Sole Holder	Second Holder
Documents Submitted	

Documents Subject to be verification