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TRANSMISSION	REQUEST FORM
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(IN CASE OF DEATH OF THE SOLE HOLDER)

Application No.	Date (dd/mm/yyyy)				

(Please fill all the details in Block Letters in English)

Dear Sir / Madam,

**PART – I**: (where nomination is recorded)

I, Nominee / Successor/ Guardian of the successor or nominee (in case of 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.

Name o	of the c	decease	d BO										
Account Number of the deceased BO					0								
DP ID	1	2	0	8	1	8	0	0	Client ID				

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Successor BO Account Number											
DP ID							Client ID				
Name											

## **Details of Transmission**

Sr. No.	Name of the Security	ISIN	Quantity of securities to be transmitted
1.			
2.			
3.			
4.			

Attach an annexure duly signed by the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), if the space above is insufficient.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

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

## **PART – II**: (where nomination is not recorded)

	No	Objection	Statemer	nt from	other I	neirs/succe	ssors w	vho are n	on-app	licants	6			
. I/We, the unde	rsigned, resi	ding at							am/are	e legal	heir(s)	of the s	said dec	eased.
<ol> <li>I/We do not de securities in the account(s) unde</li> </ol>														
In consideration														
under DP ID	C	lient ID		_at my	y reques	st, I/We her	eby ren	nounce al	l my/ou	ır right	s existi	ng as w	ell as th	nose
that may accru	e to me/us i	n ruture in	respect of	i trie ai	oresaiu	securities.								
Signed in the pr	esence of:													
(Bank Mar	nager)									(Sig	gnature	of the	legal he	eir)
Full Name of the	Bank Manag	er												
Address of the Ba	nk Managei	r												
Only one Transmis of securities where				rs/succ	essors a		ely stip		Portne	dece	ased B	J for th	e transi	nission
Application No.						nm/yyyy)	Cipt						T	
We hereby acknowle	dge receipt o	f the instruct	ions for tra				the dece	eased BO's	s accour	nt to the	e accour	nt of the	Nomine	e/
Successor / Guardia	n of the succe	ssor or nom												
Account number o	the deceas		8	0	0	Client ID								
Successor BO Na		8 1	0	0	U	Client 1D								
	First / Sole Holder				Second Holder					•	Third H	older		
Documents subm	itted -		1											

Subject to verification