

Transmission Request Form

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

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



To,
SBICAP Securities Ltd.

Mafatlal Chambers, 'A' Wing, 2nd Floor,

N. M. Joshi Marg, Lower Parel (E), Mumbai - 400013.

Tel. : 91-22-4227 3300 / 01 Fax : 91-22-4227 3331

DP ID 12047200 & SEBI REGN. No.: IN-DP-CDSL-370-2006

Date : _____

Dear Sir / Madam,

I / We, the joint holder(s) / Successors/ Guardian of the joint holder successor (in case of Minor) request you to **transmit** the balance from:

DP ID	1 2 0 4 7 2 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))

	First / Sole Holder	Second Holder	Third Holder
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	1 2 0 4 7 2 0 0	Client ID	
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To

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

First/Sole Holder	Second Holder	Third Holder

Documents
Submitted

Subject to verification.

Depository Participants Seal & Signature