



**Manu Stock Broking Pvt. Ltd.**  
 Depository Participant of Central Depository Services (I) Ltd.  
 DP ID : 12068000. SEBI Regn. No. IN-DP-CDSL-586-2010  
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 Kolkata – 700001, E-mail- [dpcdsl@manustock.in](mailto:dpcdsl@manustock.in) .  
 Tele: 4019-4100. Fax: 4019-4124



**Transmission Request Form**  
**(In case of death of one / more of the joint holders)**

|                 |  |      |   |   |   |   |   |   |   |   |
|-----------------|--|------|---|---|---|---|---|---|---|---|
| Application No. |  | Date | D | D | M | M | Y | Y | Y | Y |
|-----------------|--|------|---|---|---|---|---|---|---|---|

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

Dear Sir / Madam,

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

|              |          |          |          |          |          |          |          |          |                  |  |  |  |  |  |  |  |  |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|--|--|--|--|
| <b>DP ID</b> | <b>1</b> | <b>2</b> | <b>0</b> | <b>6</b> | <b>8</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>Client ID</b> |  |  |  |  |  |  |  |  |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|--|--|--|--|

To

|              |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|
| <b>DP ID</b> |  |  |  |  |  |  |  |  | <b>Client ID</b> |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|

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.

|   | First / Sole Holder | Second Holder |
|---|---------------------|---------------|
| Name(s) of the surviving holder(s)      |                     |               |
| Signature(s) of the surviving holder(s) |                     |               |

===== (Please Tear Here) =====

**Acknowledgement Receipt**

**Application No.**

**Date:-**

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

|              |          |          |          |          |          |          |          |          |                  |  |  |  |  |  |  |  |  |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|--|--|--|--|
| <b>DP ID</b> | <b>1</b> | <b>2</b> | <b>0</b> | <b>6</b> | <b>8</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>Client ID</b> |  |  |  |  |  |  |  |  |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|--|--|--|--|--|--|--|--|

To

|              |  |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|
| <b>DP ID</b> |  |  |  |  |  |  |  |  | <b>Client ID</b> |  |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|

| First / Sole Holder | Second Holder |
|---------------------|---------------|
| Documents Submitted |               |

Subject to verification.

**Depository Participant Seal and Signature**