



TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

CDSL DP ID 12033200 / 12033201 / 12033202 / 12033203 / 12033204

Application No.

Date

Please fill this form in ENGLISH and in BLOCK LETTERS.

To,

Angel One Ltd. DP ID - 12033200 / 12033201 / 12033202 / 12033203 / 12033204

601, 6th Floor, Ackruti Star, Central Road, MIDC, Marol, Andheri (East), Mumbai - 400 093.

Dear Sir / Madam,

I, Nominee/Successor/Guardian of the successor or nominee (In case the claimant is a Minor - Date of birth of the minor) relationship with the 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.

Please attach relevant proof.

Name of the deceased BO

Account Number of the deceased BO

DP ID Client ID Date of the deceased sole holder

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

Details of the Successor (s)

Sr. No.	Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate of the deceased	DP ID	Client ID

DETAILS OF TRANSMISSION

Sr. No.	Name of the Security	ISIN	Qty. of Security to be transmitted	Percentage

I/we hereby declare that all transactions executed in my/our BO account t are authentic.

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

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

	Nominee (1) Successor/Guardian of successor/Nominee	Nominee (2) Successor/Guardian of successor/Nominee	Nominee (3) Successor/Guardian of successor/Nominee
Name			
Signature			

(Please tear hear)

ACKNOWLEDGMENT RECEIPT

Application No.

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We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO account to the account of the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), as per details given on the transmission form.

Account Number of the deceased BO :

DP ID

Client ID

Successor BO Name (s)
First / Sole Holder
Second Holder
Third Holder

Documents Submitted

Subject to Verification

Internal Ref. No

Depository Participants Seal & Signature

BRANCH STAMP