CDSL

S.P.Jain Securities Pvt. Ltd.

14, Raja Bahadur Building, 3rd Floor, 14, Ambalal Doshi Marg, Fort, Mumbai – 400 023.
Phone : 66 31 41 08 / 66 31 41 09 * Fax : 269 61 05 * E-mail : spjainsecurities@mtnl.net.in website : spjainsec.com
Depository Participant of Central Depository Services (India) Ltd.
Depository Participant ID – 12028500 SEBI REGN.No. IN-DP-CDSL-190-2002
CIN : U67120MH1999PTC119007

Annexure 7.1

TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

Application No.		Date								

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

To,
S.P.Jain Securities Pvt Ltd
Raja Bahadur Building, 3rd Floor, 14,Ambalal Doshi Marg, Fort, Mumbai – 400 023.

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 of the deceased BO:
Account Number of the deceased BO:

DP ID									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

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.

DECLARATION: In case of Account Closure due to TRANSMISSION OF ACCOUNT:
I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

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

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

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PART – II : (where nomination is not recorded)

No Objection Statement from other heirs/successors who are non-applicants

1. I/We, the undersigned, residing at_____, am/are legal heir(s) of the said deceased.
2. I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. _____ who has/have opened a beneficial owner account(s) under Client ID _____and DP ID ____.
3. In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs. _____ under DP ID _____ Client ID _____ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

_____ _____

Bank Manager **Signature of the legal heir**

Full Name and Address of Bank Manager:

Name : _____
Address : _____
_____

Note for all legal heirs/successors who are applicants / non-applicants:
Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's 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.

Depository Participants Seal & Signature