

Transmission Request Form(Please fill all the details in **Block Letters** in English)**SBICAP Securities Ltd.**

CIN: U65999MH2005PLC155485

Marathon Futurex, 12th Floor, A & B Wing, N. M. Joshi Marg, Lower Parel (E), Mumbai - 400013

Tel: 91-22-42273300 / 01 | Fax: 91-22-4227 3331

Date :

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 CDSL | NSDL**CDSL:** SEBI REGN. No.: IN-DP-CDSL-370-2006 & DP ID: 12047200 | **NSDL:** SEBI REGN. No.: IN-DP-NSDL-369-2014 & DP ID: IN306114

Email: helpdesk@sbicapsec.com | Web: www.sbismart.com

Dear Sir / Madam,

I / We, the undersigned, being the

Executor(s) of the Will Legal heir(s) Joint holder(s) Nominee Administrator(s) of the Estate Successor(s) to the Estate

of Mr./Mrs./Ms _____ Mr./Mrs./Ms _____ and
 Mr./Mrs./Ms _____, the deceased, of which
 *nomination / probate / letter administration / succession certificate was duly granted to me/us on the _____ day of
 _____ of _____ hereby request you to register me/us as the beneficial owner(s) in respect of the securities standing
 in the name of the said deceased under Client ID _____ DP ID _____

I/We give hereunder the details of my/our account with a Participant to which the security balances are requested to be transmitted.

Name _____ DP ID _____ Client ID _____

Attach an annexure duly signed by account holders(s) if the space above is insufficient.

(Successors / Heirs / Nominees)

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

Declaration:

(Applicable only for legal heir(s)/legal representative(s) where deceased was a sole holder and no nomination in the account - Value of holding not exceeding Rs. 5 Lakh on the date of application)

We declare that the below mentioned person(s) are the only legal heir(s) of the deceased and there are not other legal heir(s). Of these, as specified below, some/all of them are claimants and some of them have given a No Objection Certificate in favour of other legal heir(s). Details are given below:

Sr.No.	Name of the legal heir(s)	Specify whether a claimant or given a No Objection certificate

Signatures:

Sr.No.	Name of claimant	Signature of claimant

Notes:1. This request form should be signed by the surviving joint holder(s)/ legal heir(s)/ legal representative(s)/ nominee / all surviving members of the HUF, as the case may be. 2. * Strike off whichever is not applicable.**Acknowledgement Receipt**

Date: _____

We hereby acknowledge the receipt of the following instructions for transmission from the deceased BO account as per details given on the transmission form.Account number of the deceased BO

DP ID	Client ID	Surviving Holder(s) Name(s)	First Holder	Second Holder	Third Holder
Documents Submitted					

Subject to verification.

Depository Participant Seal and Signature