

**Transmission Request Form**  
(In case of death of the sole holder)

|                 |  |      |  |  |  |  |  |  |  |
|-----------------|--|------|--|--|--|--|--|--|--|
| Application No. |  | Date |  |  |  |  |  |  |  |
|-----------------|--|------|--|--|--|--|--|--|--|

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

**Asit C. Mehta Investment Interrmediates Ltd.**  
**5<sup>TH</sup> Floor, Nucleus House, Opp. L & T Gate No- 7**  
**Saki vihar Road, Andheri (E), Mumbai-400072.**

Dear Sir / Madam,

I, Successor/ Guardian of the successor (in case of Minor) request you to **transmit** the following securities due to the death of account holders(s):

Name of the deceased BO:

Account Number of the deceased BO:

|       |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|
| DP ID |  |  |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|

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

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 account holders(s) if the space above is insufficient.

I/We declare that all transactions in the account are authentic.

(Successors / Hairs / Nominees)

|           | First / Sole Holder | Second Holder | Third Holder |
|-----------|---------------------|---------------|--------------|
| Name      |                     |               |              |
| Signature |                     |               |              |

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

**Acknowledgement Receipt**

**Application No.**

**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 |  |  |  |  |
|-------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|

| Successor BO Name(s) |               |              |
|----------------------|---------------|--------------|
| First/Sole Holder    | Second Holder | Third Holder |
|                      |               |              |
| Documents Submitted  |               |              |

Subject to verification.

**Depository Participants Seal & Signature**