

SyndicateBank, Depository Services

2nd Floor, SyndicateBank Building, 26, Sir P M Road, Fort Mumbai - 400 001

Transmission Request Form

(In case of death of the sole holder)

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

(Please fill all the details in **BLOCK LETTERS** in English)

To,
SyndicateBank, Depository Services
2nd Floor, SyndicateBank Building, 26, Sir P M Road, Fort Mumbai - 400 001

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	1	3	0	5	0	6	0	0	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																	

Date of Transmission			
Sr. No.	Name of 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.

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

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature			

PART – II : (where nomination is not recorded)

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

- I/We, the undersigned, residing at _____, am/are legal heir(s) of the said deceased.
- 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 _____.
- In consideration of registration of the aforesaid securities in the client account of Mr. / 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.

Depository Participants Seal & Signature

===== (Please Tear Hear) =====

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	1	3	0	5	0	6	0	0	Client ID									
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--	--

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

Subject to Verification.

Depository Participants Seal & Signature