

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

Transmission Request Form

(In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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(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,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID	1	3	0	5	0	6	0	0	Client ID								
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To

DP ID									Client ID								
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Due to the death of -----
 -----(Name of the deceased account holder(s)).

Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

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

=====Depository Participants Seal & Signature=====

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

Acknowledgement Receipt

Application No.

Date :

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID	1	3	0	5	0	6	0	0	Client ID								
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To

DP ID									Client ID								
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Surviving Holder(s) Name(s)	
First / Sole Holder	Second Holder
Documents submitted	

Subject to Verification.

Depository Participants Seal & Signature