



CDSL DP ID 12044700

Transmission Request Form

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

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

Application No.

To,

Date: ___/___/_____

India Infoline Limited.

IIFL House, Sun Infotech Park, Road No. 16V,
Plot No. B-23, MIDC, Thane Industrial Area,
Wagle Estate, Thane - 400 604

Dear Sir / Madam,

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

DP ID	1	2	0	4	4	7	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 Participant Seal & Signature

Acknowledgement Receipt

Application No.

Date:

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

DP ID	1	2	0	4	4	7	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 Participant Seal & Signature