

CDSL DP ID 12044700

Transmission Request Form

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

Date: ____/____/____

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

To,

India Infoline Securities Private Limited

Bldg No 24, First Floor, Nirlon Complex,
Off W. E. Highway, Goregaon (East),
Mumbai - 400063.

Dear Sir / Madam,

I/We, the joint holder(s) / Successors / Guardian of the joint holder successor (in case of Minor)
request you to **transmit** the 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))

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

Depository Participant Stamp & Signature