# SPFL Securities Limited Corporate Off.: 15/63-L, Civil Lines, Kanpur - 208001

Phone: 7052922999

Email: info@spfl.co.in • Web: www.spfl.co.in





## TRANSMISSION REQUEST FORM

DELETION OF NAME OF THE DECEASED HOLDER IN JOINT ACCOUNT (In case of death of one / more of the joint holders)

Application No.											Date			D	D	M	M	Υ	Υ	Υ	Υ	
(Please fill all the de	etails in <b>Bl</b>	ock Let	<b>ters</b> ir	n Engl	ish)														1			
To,																						
Dear Sir/Madam, I/We, the undersigr	ned, beina	the sur	vivina	hold	er(s) in	the	ioint	dema	at ac	count, h	nereby	rea	uest v	ou to	del	ete tl	ne na	me o	f the	dec	eased	
account holder(s), a details in the accou	nd contin	ue to m	aintair	the	accoun																	
uctails in the accou	nt, as per	uctans	given	DEIO	, , , , , , , , , , , , , , , , , , ,																	
DP ID										Client I	D											
				ı											ı		1					
a. Account hold	ers detai	IS										1 .										
Details of the Holder			Nai	ne o	f Joint	: Ac	cour	it Ho	lder	<b>'</b> (s)			Tick a has/	_			holder(s) who sed					
First Holder																	Provide copy of					
6 11111																		death certificate duly attested by				
Second Holder																		a Notary Public.				
Third Holder																						
b. Correspondence to be submitted  Correspondence	e Address i). Please	<b>and Pei</b> write ead	r <b>mane</b> ch com	<b>nt Ad</b> Ibinat	<b>Idress</b> (	if di	fferen	t from	Corr	esponde									-	docı	ıment	
City					PIN							1				T 6			1			
City					PIN					5	tate						ount	ry				
Permanent Add	ress				1					I		ı				1			1			
City					PIN					S	tate					С	ount	ry				
C. Bank Details [D	ividend B	ank De	tails]																			
Bank Code (9 digit	MICR code	e)																				
IFS Code (11 chara					l		1										1					
Account number						Ť								ľ				İ				

Account	t type	☐ Savin	g 🗖	Current	□ 0	thers (speci	fy)	 		
Bank Na	ame									
Branch	Name									
Bank Br	anch Address									
City		State				Country	PIN code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
  - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

### d. Signature of surviving joint holder(s)

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the demat account holder [s] / surviving holder(s		

#### **Acknowledgement Receipt**

#### **Application No.**

Date: -

We hereby acknowledge the receipt of the following instructions for deletion of deceased holder's name from the demat account on account of death:

DP ID									Client ID										
To.																			
Го																			
DP ID									Client ID										
Surviving Holde	Surviving Holder(s) Name(s)																		
	First/	Sole	Hold	Jer					Second Holder										
Documents Submi	tted																		

Subject to verification.

**Depository Participants Seal & Signature**