

SPFL Securities Limited

Corporate Off.: 15/63-L, Civil Lines, Kanpur - 208001

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Annexure 7.2

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,

Dear Sir / Madam,

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

DP ID										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)		

======(Please tear here)=====

Acknowledgement Receipt

Application No.

Date:

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

DP ID										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