

Transmission Request Form
(In case of death of one / more of the joint holder)

Application No.		Date								
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(Please fill all the details in **Block Letters** in English)

To,

SPFL Securities Limited

Depository Participants (CDSL) DPID : 12061200

15/63, M, Civil Lines, Near D.A.V. College,

Kanpur-208001

Dear Sir/Madam,

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

DP ID	1	2	0	6	1	2	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)		

----- (Please tear here) -----

Acknowledgment Receipt

Application No.

SPFL Securities Limited

Date :

Depository Participants (CDSL) DPID :12061200

15/63, M, Civil Lines, Near D.A.V. College, Kanpur-208001

Ph. : 2305201, 2305158

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

DP ID	1	2	0	6	1	2	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.	

Note : Subject to verification.

Depository Participants Seal and Signature