



**SPFL SECURITIES LIMITED**  
 Depository Participant (CDSL), DP ID 12061200  
 Corp. Office : 15/63-M, Civil Lines, Kanpur 208001  
 Phones: (0512) 2330984-87(PBX), 2305201, 2305158



**TRANSMISSION REQUEST FORM**  
 (In case of death of the sole holder)

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

**PART - I : (Where nomination is recorded)**

I/We, Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor) request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

Name of the deceased BO: \_\_\_\_\_

Account Number of the deceased BO: \_\_\_\_\_

DP ID	1	2	0	6	1	2	0	0	Client ID										
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Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Detail of the Successor(s)

Sr. No.	Name of the Successor(s)	DP ID	Client ID

**Detail of the Transmission**

Sr. No.	Name of the Security	ISIN	Quantity of securities to be transmitted

Attach an annexure duly signed by the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee(s) (in case of minor))

	Nominee (1) Successor / Guardian of successor / Nominee	Nominee (2) Successor / Guardian of successor / Nominee	Nominee (3) Successor / Guardian of successor / Nominee
Name	_____	_____	_____
Signature			

**PART - II : (where nomination is not recorded)****No Objection Statement from other heirs/successors who are non-applicants**

1. I/We, the undersigned, residing at \_\_\_\_\_, am/are legal heir(s) of the said deceased.
2. I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr./Mrs. \_\_\_\_\_ who has/have opened a beneficial owner account(s) under Client ID \_\_\_\_\_ and DPID \_\_\_\_\_
3. In consideration of registration of the aforesaid securities in the client account of Mr./Mrs. \_\_\_\_\_ under DP ID \_\_\_\_\_ Client ID \_\_\_\_\_ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

\_\_\_\_\_  
Bank Manager\_\_\_\_\_  
Signature of the legal heir

Full Name and Address of Bank Manager :

Name : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Note for all legal heirs / sucesors who are applicants / non-applicants :

Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.