

## TRANSMISSION REQUEST FORM (In case of sole holder)

Paragon Center, C-06, Ground floor, P B Marg, Worli, Mumbai-400013; Tel: 91 22 66175454/66299299; Fax: 91 22 66175434, E-mail:dp@emkayglobal.com, Website:www.emkayglobal.com

## TRANSMISSION REQUEST FORM

Annexure-7.1

								(In ca	se of dea	th of	f the sole holde	r)															
Application	n No																		ate								
(Please fill a	all the detai	ls in <b>Bloc</b>	k Let	ters in	n Engli	ish)																					
To, Emkay Glob C-06 Parago P B Marg Worli Mumbai-400	on Center,																										
Dear Sir/ Ma	dam,																										
I/we, Nomine (duly notarize *Please attac Name of the	requesed / attestech relevante deceased	st you to t d under s proof I <b>BO:</b>	transm seal by	nit the y a Ga	follow	ing s	securities	s due	to the dea	ath c	the claimant is of the sole acco																
DP ID 1		0 2	3	0	0	$\neg$								Cli	ent	ID		Τ	Т				Т			Τ	
Date of the	Deceased	Sole Ho	lder																								
Kindly transn	nit all secu	rities in th	ne dec	easec	BO's	acc	ount me	entione	d above	to the	e BO account i	ner	ntion	ed be	elow	v det	ails	of th	e Sı	ıcce	essoi	(s)					
Sr.	Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate of the deceased														DP	ID				Client I					ID	D	
Details of	Transmis	sion																									$\neg$
Sr. No																Э											
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Attach an an	nexure dul	y signed l	by the	Nom	inee(s	)/ Su	ıccessor	r / Gua	rdian of t	he s	successor or no	mir	nee(s	) (in	cas	e of	Min	or), i	f the	spa	ace a	abov	e is	insu	ffici	ent.	_
(Nominees /	Successor	/ Guardis	an of s	SIICCE	ssor oi	r nor	minee(s)	\ (in ca	se of Min	or)																	
(NOTHINGES /							111100(3)				Successor/Gu	uardian of Namingo(2) Suggestor/Guardian of													f		
	Nominee(1) Successor/Guardian of successor/Nominee					Nominee(2)Successor/Guardian of successor/Nominee								Nominee(3) Successor/Guardian of successor/Nominee													
Name																											
Signature																											
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Application I	No.							ACKI	iowieuge	aniei	nt Receipt						Da	te:									
 We hereby a	cknowledg										rom the deceas				oun	t to t	he a	ccou	ınt o	of th	e No	min	ee(s	s) / S	ucc	esso	or /
Account num				. ,			,,	, -	3																		
DP ID 1	1 2	0 2	3	0	0									CI	ont	ID											$\neg$
Successor BO Name(s)												Client ID											$\dashv$				
	First/Sole	,		Second Holder												Th	ird	Holo	ler								
		- COOMIG HOME							1																		
																											$\dashv$
Document	s Submitte	d																									

Subject to verification.

Emkay Global Financial Services Ltd

Seal and Signature.