



Brics Securities Limited

DP ID NO.16800/16801) (SEBI Regn. No. IN – DP – CDSL – 76 – 2000)

Sadhana House, 1st Floor, 570, P.B. Marg, Worli, Mumbai – 400 01

Tel.:91-22- 66360000 / 24994000 Fax:91-22- 66360159 / 24994023



Transmission Request Form (In case of death of the sole holder)

| | | | | | | | | | | | | | | | |
|------------------------|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Application No. | | Date | | | | | | | | | | | | | |
|------------------------|--|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

(Please fill all the details in **Block Letters** in English)

Dear Sir / Madam,

PART – I : (where nomination is recorded)

I, Nominee / Successor/ Guardian of the successor or nominee (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 | | | | | | | | | | Client ID | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|

Kindly transmit all securities balance in the deceased BO's account mentioned above to the BO account mentioned below

Successor BO Account Number

| | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | Client ID | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | | | |

| Details of Transmission | | | |
|--------------------------------|-----------------------------|-------------|---|
| Sr. No | Name of the Security | ISIN | Quantity of securities to be transmitted |
| | | | |
| | | | |
| | | | |

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

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

| | First / Sole Holder | Second Holder | Third Holder |
|------------------|----------------------------|----------------------|---------------------|
| Name | | | |
| Signature | X | X | X |

PART – II : (where nomination is not recorded)

No Objection Statement from other heirs/successors who are non-applicants

- I/We, the undersigned, residing at _____ am/are legal heir(s) of the said deceased.
- 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 DP ID _____.
- In consideration of registration of the aforesaid securities in the client account of Mrs. / 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
Full Name and Address of Bank Manager:

Signature of the legal heir

Name : _____
Address : _____

Note for all legal heirs/successors 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.

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

Acknowledgement Receipt

Application No.

Date:

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee / Successor / Guardian of the successor or nominee (in case of Minor), as per details given on the transmission form

Account number of the deceased BO

| | | | | | | | | | | | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|
| DP ID | | | | | | | | | | Client ID | | | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|--|

| Successor BO Name(s) | | | |
|-----------------------------|----------------------------|----------------------|---------------------|
| | First / Sole Holder | Second Holder | Third Holder |
| Name | | | |
| Signature | X | X | X |
| Documents Submitted | | | |

Documents subject to verification.

Depository Participants Seal & Signature