# Brics Securities Limited

**(DP ID NO.16800/16801) (SEBI Regn. No. IN – DP – CDSL – 76 – 2000)**
Regd Office: Sadhana House, 1st Floor, 570, P.B. Marg, Worli, Mumbai – 400 018
Tel.:91-22-66360000 / 24994000 Fax:91-22-66360159 / 24994023

## Transmission Request Form
**(In case of death of one / more of the joint holders)**

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

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

Dear Sir / Madam,

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

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

To

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

Due to the death of ----------

---------- (Name of the deceased account holder(s))

Original Death Certificate / Copy of Death Certificate (duly notarized / attestd under seal by a Gazetted Officer) is attached herewith.

| | First / Sole Holder | Second Holder | Third Holder |
|---|---|---|---|
| Name(s) of the surviving holder(s) | | | |
| Signature(s) of the surviving holder(s | X | X | X |

Data Entered By _____ Signature Verified By_____

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

**Application No.** **Acknowledgement Receipt** **Date: -**

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

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

To

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

| **Surviving Holder(s) Name(s)** | | |
|---|---|---|
| **First/Sole Holder** | **Second Holder** | **Third Holder** |
| | | |
| Documents Submitted | | |

Subject to verification.

**Depository Participants Seal & Signature**