

Mirae Asset Capital Markets (India) Pvt. Ltd. 1st Floor, Tower 4, Equinox Business Park, LBS Marg, Off BKC, Kurla (West), Mumbai - 400070.

TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

(Plea	olication No							Dat	e			D	D	\mathbb{N}	\ \	1	Υ	Υ	Υ	Υ
-	ase fill all t	he de	etails in Blo	ck Letters	in Englis	h)														
Dear	r Sir / Mad	am,																		
PAF	RT – I : (whe	re nominat	ion is reco	rded)															
follo	wing secui	rities	Successor/ due to the o tested unde	death of the	sole acc	ount	holder	. Ori	ginal	Dea	th Ce									
	ne of the do ount Numb		the decease	ed BO:										_						
DI	P ID		1 2	0 9	2 9) 0	0 0		Clier	nt ID)									
	ly transmit		securities in essor (s)	the decease	d BO's a	ccour	nt men	tione	d abo	ove t	o the	ВО	acc	ount	mer	ntion	ed be	elow.		
Sr	. No	Ti	Name of the Successor (s)				DP ID					Client ID								
			(-)																	
							+													
						<u> </u>														
					De	etails	of Trai	nsmis	sion											
S	r. No Name of the Security					ISIN		Quantity of securities to be transmitted												
f the	e space abo	ove is	duly signed s insufficient ssor / Guard	ian of succe	ssor or r		ee(s) ((in ca	se of	f Min										,,
		Nominee(1) Successor/Guardian of successor/Nominee						Nominee(2) ccessor/Guardian of accessor/Nominee					Nominee(3) Successor/Guardian of successor/Nominee							
				ssor/Nom	inee											•		min		
	Name			ssor/Nom	inee											•		min		
	Name Signature			ssor/Nom	inee											•		min		
PAF	Signature			,												•		min		
PAF	Signature	(wh	SUCCE	ation is not	recorde	ed)	SUCC	cesso	or/N	omi	nee		are	SI	ucce	SSOI	r/No			
	Signature	(who	succe	ation is not	recorde	ed)	succ	s/su	cce	SSO	nee rs w	ho		sı noı	n-a _l	ppli	can	ts		said
1.	Signature RT – II : No I/We, t decease I/We do whatsoe	(whome	ere nomina pjection S undersign ot desire to in transn	ation is not tatement ed, residi to make a nitting the	from one of the front of the fr	ed) ther im c ecur	r heirs	s/su	the e na	ssoi e sai	rrs w, a id see(s)	ho nm/	are ritie Mr.	e nor	n-all	ppli oneiro	cant (s)	tts of t	he	tion
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respect of the aforesaid securities.

Depository Participants Seal & Signature

Signed in t	he presence of												
Bank M	anager				Signature of the legal heir								
Full Name	and Address of Ba	nk Manage	er:										
Name Address	: =												
Only one Tra	I legal heirs/succe ansmission Request ed BO for the tra sors are collectively	Form is to bansmission of	e subn	nitted by clai	imants/	non-d	claimar						
Application N		Acknowl		ear here)=== ent Receipt	==== :Date:		====	:====	====	=			
account of the on the transmis													
DP ID	er of the deceased BO			Client ID									
Successor	BO Name(s)												
	st/Sole Holder	Se	cond Ho		Third Holder								
Documents S	Submitted												
Subject to verif	ication.												