Transmission Request Form

(In case of death of the sole holder)

Transmission	Date					2	Δ		
Request Form (TRF)		D	D	M	M	4	U	Y	Y
(Discon fill all the details in Disck Latters in English)									

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

To. Marwadi Shares and Finance Ltd. Marwadi Financial Plaza, Nana Mava Road, Off.150 feet Ring Road, Rajkot-360005.

Dear Sir / Madam,

PART- I (where nomination is recorded)

. - -

I, Nominee / Successor/ Guardian of the successor (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	Numl	ber of	the c	lecea	sed E	30:							
DP ID	1	2	0	3	5	1	0	0	Client ID				

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

Successor BO Account Number

DP ID					Client ID				
Name									

Det	ails Of Transmission		
Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted

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

(Nominee / Successor/ Guardian of the successor (in case of Minor))

	First / Sole Holder	Second Holder	Third Holder
Name			
	X	X	X
0. 1			
Signature			

<u>PART – II</u> (where nomination is not recorded)

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

	ed, residir	ig at									,
					_am / are	legal heir(s) of the	e said	decea	sed.	
I/We do not desire t	to make a	ny claii	m of titl	e of	the said se	ecurities ar	nd have	no ot	ojectio	n whats	oevei
in transmitting the s	said secu	rities in	the na	ame(s	s) of Mr./N	lrs					_ who
has/have opened a	beneficial	owner	accoun	nt(s) เ	under Clier	nt ID		and D	PID_		
. In consideration	of regis	tration	of th	ne	aforesaid	securities	in t	he c	lient	accour	nt of
Mr./Mrs							under	DP I	D		
Client ID		_ at my	/ reque	st. I/	We hereb	y renounce	e all my	/our e	existin	g as w	ell as
those that may accr	ue to me/u	us in fu	ture in r	respe	ect of the a	foresaid se	curities				
Singad in the pro	conco o	f									
Singed in the pre-	Sence U	<u>''</u>									
Bank Man	ager					Si	gnature	e of th	ne lega	al heir	
Full Name and Addre	-	nk Man	ager:			_	-		5		
Name :											
Address :											
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Note for all legal											e DP
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Subject to verification.

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For, Marwadi Shares and Finance Limited

(Authorised Signatory)