Transmission Request Form

(In case of death of one / more of the joint holders)																		
Transmissi		TDE								Date					2	0		
(Please fill al			_	Block	Lett	ers ir	n Ena	lish)			D	D	М	M	Υ	Υ	Υ	Υ
To, Marwadi Shares and Finance Ltd. Marwadi Financial Plaza, Nana Mava Main Road, Off.150 feet Ring Road, Rajkot-360005.																		
Dear Sir / Madam,																		
I / We, the joint holder(s) / Successors/ Guardian of the joint holder successor (in case of Minor) request you to transmit the balance from: DP ID 1 2 0 3 5 1 0 0 Client ID															of			
To	1	2	0	3	5	1	0	0	Clie	nt ID								
DP ID									Clie	nt ID								
Due to the	e de	ath d	nf	I	ı	1									1	ı	(1)	lame
	Due to the death of (Namon function of the deceased account holder(s)															ianne		
First / Sole Holder Second Hold													<u> </u>	Th	nird	Hal	dor	
Name(s) of the surviving holder(s) Signature(s)		×						×				<u> </u>	×					
of the surviving holder(s)																		
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Transmission						<u>A(</u>	eknov	vieag	gement	Date					2	0		
Request Form (TRF)					:	- E LI	6.	من د دار	- :	D	D	M	М	Y	Υ	Υ	Υ	
We hereby acknowledge the receipt of the following instructions for transmission from the following instructions for the following instruction in the following in the following instruction in the following in the following in the following in the followin													om:	1				
To	1	2	0	3	5	1	0	0	Cile	nt זט								
DP ID									Clie	nt ID								
Surviving Holder(s) Name(s)														•				
First/Sole Holder						Second Holder								Γhirc	i Ho	<u>lder</u>		
Documents Submitted :-																		

Subject to verification.

For, Marwadi Shares and Finance Limited

Authorised Signatory