



P SURYAKANT SHARE & STOCK BROKERS PVT.LTD.

D.P.OFFICE: A/ 305-308-403, Premium House, OPP. Gandhigram Railway St. Ellisbridge, Ahmedabad – 380 006.

TEL.:079-30223350 / 26575972, MO.:9979883933, FAX: 079-3000 0089 E- mail ID.: psdp.help@psjsecurities.com

REGD. OFFICE: Bldg .No.5, 5th Floor, Rajabhadur Compound, B.S Marg, Mumbai – 400 001, TEL.:022- 4220 5220

DP ID: - 12074800

Website: www.psjsecurities.com

DP SEBI REG NO. IN-DP-CDSL – 662 - 2012

TRANSMISSION REQUEST FORM (in case of death of one / more of the joint holders)

| | | | | | | | | | | |
|-----------------|--|------|---|---|---|---|---|---|---|---|
| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
|-----------------|--|------|---|---|---|---|---|---|---|---|

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

To,

P. Suryakant share & Stock Brokers Pvt. Ltd.

A/305-308 , Premium House ,Nr. Gandhigram RLY. Station ,
Ellisbridge , Ahmedabad – 380 006.

Dear Sir / Madam,

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

| | | | | | | | | | | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|
| DP ID | 1 | 2 | 0 | 7 | 4 | 8 | 0 | 0 | Client ID | | | | | | | | |
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To

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| 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 / attested under seal by a Gazetted Officer) is attached herewith.

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

======(Please Tear Here) =====

Acknowledgement Receipt

| | | | | | | | | | | |
|-----------------|--|------|---|---|---|---|---|---|---|---|
| Application No. | | Date | D | D | M | M | Y | Y | Y | Y |
|-----------------|--|------|---|---|---|---|---|---|---|---|

We hearby acknowledge the receipt of the following intructions for transmission from :

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

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

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

Subject to verification.

Depository Participant Seal and Signature

For, P.Suryakant Share & Stock Brokers Pvt.Ltd.