Transmission Request Form

(In case of death of the sole holder)

Date

Applic	ation No.				,					Date		ĺ						
(Please fill all the details in Block Letters in English)																		
To,																		
SSJ Finance & Securities Pvt. Ltd.																		
1 st Floor, Merchant Chambers																		
41, New Marine Lines, Opp. Patkar Hall Mumbai- 400 020																		
E-mail – dp@ssjfinance.com																		
Tel – 022-4300 8800 Fax – 022-4300 8899																		
	Dear Sir / Madam,																	
I, Successor/ Guardian of the successor (in case of Minor) request you to transmit the following securities due to the death of account holders(s):																		
Name of the deceased BO: Account Number of the deceased BO:																		
DP ID		1 01	tric	ucc	casc	u be). 			Client ID								
<i>D.</i> 12					1					0.10111112					l		l	
Kindly transmit all securities balance in the deceased BO's account mentioned above to the below mentioned account. Successor BO Account Number																		
DP ID		.000			0.					Client ID								
Name					Į.					0	<u> </u>				I		I	
Tamo																		
Deta	ils of Tra	nsm	nissi	ion														
Sr. No	Name of the Security								ISIN				Quantity of securities to be transmitted					
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(Successors / Hairs / Nominees)																		
First / Sole Holder						Second Holder				Third Holder								
Name	:																	
ļ																		
Signature																		
		•										•						