

Transmission Request Form

(In case of death of one / more of the joint holders)

Application No.		Date								
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(Please fill all the details in **Block Letters** in English)

To,

SSJ Finance & Securities Pvt. Ltd.

1st Floor , Merchant Chamber

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 / 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		Client ID								
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To

DP ID		Client ID								
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Due to the death of -----

----- (Name of the deceased account holder(s))

	First / Sole Holder	Second Holder	Third Holder
Name(s) of the surviving holder(s)			
Signature(s) of the surviving holder(s)			

Seal & signature of DP