## TRANSMISSION REQUEST FORM (In case of death of the sole holder)

Application No.	Date	D	D	M	M	Υ	Υ	Υ	Υ				
(Please fill all the details in <b>Block Letters</b> in English)	-		-			-		-	-				
To													
To, Axis Securities Limited													
3 <sup>rd</sup> Floor, Phoneix Market City,													
LBS Road,													
Kurla (West),													
Mumbai – 400070.													
Dear Sir / Madam,													
PART – I : (where nomination is recorded)													
I, Nominee / Successor/ Guardian of the successor or nomi	inoo (in case of Minor)	rogu	oct v	ou to	tran	cmit	tho f	ollow	ina				
securities due to the death of the sole account holder. Original of the sole account holder.									iriy				
notarized / attested under seal by a Gazetted Officer) is att		, 006	<i>j</i> 0	out.			· (aa.	. ,					
•													
Name of the deceased BO:													
Account Number of the deceased BO:	Client ID	<del></del>	1	1	1	1		1					
DP ID	Client ID		1		l .	l							
Kindly transmit all securities in the deceased BO's account	mentioned above to the	ne BO	acco	unt n	nentio	oned	belov	<b>/</b> .					
Successor BO Account Number			,			1							
DP ID	Client ID												
Name													
Details of Transmission													
Sr			0	ıanti	ity of	fsaci	ıritic	s to	he				
No Name of the Security	ISIN			Quantity of securities to be transmitted									
								C 1 4'	\ .c				
Attach an annexure duly signed by the Nominee / Successor	or / Guardian of the s	ucces	sor o	r nom	ninee	(in ca	ase of	f Min	or), if				
Attach an annexure duly signed by the Nominee / Successor the space above is insufficient.	or / Guardian of the s	uccess	sor o	nom	ninee	(in ca	ase of	f Min	or), if				
		uccess	sor oi	r nom	ninee	(in ca	ase of	f Min	or), if				
the space above is insufficient.		uccess	sor or	r nom		(in ca		f Mino	or), if				
the space above is insufficient.  (Nominees / Successor / Guardian of successor or nominee  First / Sole Holder	e (in case of Minor))	uccess	sor or	r nom				f Mino	or), if				
the space above is insufficient.  (Nominees / Successor / Guardian of successor or nominees)	e (in case of Minor))	uccess	sor or	r nom				f Mino	or), if				

## **PART – II**: (where nomination is not recorded)

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

1.	I/We, the undersigned, residueceased.	ding at		am/are legal heir(s) of	the said							
2.	whatsoever in transmitting the	/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrswho has/have opened a beneficial owner account(s) under Client IDand DP ID										
3.	In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs under DP ID Client ID at my request, I/We hereb renounce all my/our rights existing as well as those that may accrue to me/us in future is respect of the aforesaid securities.											
Siç	gned in the presence of											
	Bank Manager			Signature of the lega	al heir							
Fu	II Name and Address of Ba	nk Manager:										
	me : dress :											
On the	ote for all legal heirs/succe ly one Transmission Request e deceased BO for the tra irs/successors are collectively	Form is to be sub nsmission of se	mitted by clair	nants/non-claimants to th								
==	=======================================	=====(Please Acknowledgen										
App	plication No.	Acknowledgen	ient Receipt	Date: -								
acco	hereby acknowledge receipt of the i ount of the Nominee / Successor / G transmission form.											
Acc	ount number of the deceased BO											
D	OP ID		Client ID									
5	Successor BO Name(s)											
	First/Sole Holder	Second F	Holder	Third Holder								
-	Documents Submitted											
-	Documents Submitted											
- 1												

Subject to verification.

**Depository Participants Seal & Signature**