# TRANSMISSION FORM

<ol> <li>Name(s) of the deceased shareholder (s) (as endorsed on the certificate)</li> </ol>											
1. 2.											
3.											
2. Folio No.											
3. Number of Sh	ares										
Particulars of Share certificate(s): (if space is insufficient, please attach a separate sheet)											
Certificate	Nos.	Dis	stinctive N	los.	No. of Shares						
5. Particulars of applicant(s) in whose name(s), transmission is to be effected.											
Name(s	s)Name (s)		Father	's/Husba	usband's Name			Occupation			n
(6)Full Address	of transfere	е	1								
				F	PIN						
(7) ECS Code (the nine Digit Number appearing in your Cheque Leaf bottom line)  (For verification purpose please provide us a copy of your Cheque Leaf)											
(8) Bank Mar	ndate Details						•		•		
Bank Name		1									
Branch Name & Address											
Account Type											
Account Number											
*PAN No Email address											

### (9) Specimen signature(s) of the applicant(s)

1.		
-	Name	Signature
2		_
0	Name	Signature
3	Name	Signature
Atte	estation: I hereby attest the above si (To be attested by a National	ignature(s) alized Bank Manager with Office Seal)
Sign	nature	
Nam	ne	
Addr	ess	_

## **INSTRUCTION**

I/We hereby submit the following documents to support my/our claim for the said securities. Please tick

- Request letter duly signed by claimant.
- Death certificate duly notarized/certified by Gazetted Officer.
- Succession certificate duly notarized/certified by Gazetted Officer.
- Letter of Administration duly notarized/certified by Gazetted Officer.
- Probate of the Will duly notarized/certified by Gazetted Officer.
- > Transmission Form
- Affidavit/No objection certificate(s) duly notarized/certified by Bank Manager.
- Address & Residence Proof i.e. Passport/Driving Licence/Electricity or Telephone hill
- Original Share Certificates
- PAN Card duly certified by Gazetted Officer
- > Any other.

#### Note:

- 1. This request form should be signed by the surviving joint holder(s)/legal heir(s)/legal representative(s)/nominee/all surviving members of the HUF, as the case may be.

  2.In a Joint Account no names can be deleted apart from the name of the deceased nor can any fresh names be added.
- 3. \*Strike off whichever is not applicable.

# To Be Executed On A Non Judicial Stamp Paper Of Rs.50/- Before A Notary Public/Magistrate.

# AFFIDAVIT OF RENOUNCIATION / NO OBJECTION LETTER

			son
•	/wife of	aged abou	ut
	ars, residing at		do
hereby so	lemnly affirm and state as follows.		
1.	That Late	0	
	to as deceased) was sole holder of	(hereinafter	reterred
	to as deceased) was sole floider of	shares or hereinafter referred to as the	he
	Company) of the face value of Rs.5/-		
<b>F</b> alia	Charac Diatinativa	Nee Cartificate Nee	
<u>Folio</u>	Shares Distinctive	Nos. Certificate Nos.	<u>-</u>
2.	That the deceased died onentitled to the aforesaid shares.	leaving behind us the only	/ persons
3.	That I/We	(name(s) of the	
3.	renounce(s) am/are desirous of renou	. ,	
	my/our rights/title and interest on the		
	favour of		_with an
	intent that he/she/they may become a	bsolute owner(s) of the aforesa	aid
	shares.		
4.	That I/We has/have no objection what aforesaid shares in favour of the dece the preceding paragraph and in contransmit the aforesaid shares inclusion aforesaid, I/We indemnify the Compand against all actions suits/proceeding which the Company may incur, sustained in the Company transmitting aforesaid remaining successor(s).	eased remaining successor(s) sideration of the Company agding benefits thereon on the any and its successors and assings/losses/damages/costs and ain and suffer in consequence	named in greeing to emanner signs from d charges e of or by
5.	That I/We verify and confirm that we paragraphs are true to my/our know been concealed by me/us.		
	IN WITNESS WHEREOF I/we have s of20	et our hand here unto the	day
		Deponent(s)	
	Before Me.	Σοροποιιί(ο)	
	(Notary/Magistrate)		