

Relitrade Stock Broking Private Limited

RELITRADE HOUSE, 2nd FLOOR, 'O' BLOCK, MONDEAL RETAIL PARK, S.G.HIGHWAY, AHMEDABAD - 380 059, GUJARAT, INDIA.

TRANSMISSION REQUEST FORM

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

Application No.		Date	
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Dear Sir / Madam,

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

DP ID	12088400	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 _____ 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)		