



CDSL DP ID 12044700

Transmission Request Form

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

(Please fill all the details in **Block Letters** in English)

Application No. _____

To,

Date: ___/___/_____

IIFL Securities Limited.

601, Ackruti Centre Point, Central Road,
Marol MIDC, Andheri (East),
Mumbai- 400093, Maharashtra

Dear Sir / Madam,

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

DP ID	1	2	0	4	4	7	0	0	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))

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)		

Depository Participant Seal & Signature

Acknowledgement Receipt

Application No. _____

Date: _____

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID	1	2	0	4	4	7	0	0	Client ID								
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To

DP ID									Client ID								
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Surviving Holder(s) Name(s)																	
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First/Sole Holder									Second Holder								
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Documents Submitted																	
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Subject to verification.

Depository Participant Seal & Signature