



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

Annexure 7.1

(Please fill all the details in BLOCK LETTERS in English)

Application No.: _____

To,

Date: / / 20

IIFL Securities Limited
701, Ackruti Centre Point, Central Road,
Marol MIDC, Andheri (East),
Mumbai- 400093, Maharashtra

Dear Sir / Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case the claimant is a Minor-Date of Birth of the minor*) Relationship with the minor _____ request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith. (*Please attach relevant proof)

Name of the deceased BO: _____

Account Number of the deceased BO:

| | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|--|
| DP ID | <input type="checkbox"/> | 1 | 2 | 0 | 4 | 4 | 7 | 0 | 0 | Client ID | | | | | | | | | |
| | <input type="checkbox"/> | 1 | 3 | 0 | 1 | 4 | 4 | 0 | 0 | | | | | | | | | | |
| Date of death of the Deceased Sole Holder | | | | | | | | | | | | | | | | | | | |

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

| Sr. No. | Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate of the deceased | DP ID | Client ID |
|---------|--|-------|-----------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Details of Transmission

| Sr. No. | Name of the Security | ISIN | Quantity of securities to be transmitted | Percentage |
|---------|----------------------|------|--|------------|
| 1. | | IN | | |
| 2. | | IN | | |
| 3. | | IN | | |
| 4. | | IN | | |

Attach an annexure duly signed by the Nominee (s)/ Successor / Guardian of the successor or nominee (s) (in case of Minor), if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor))

| | Nominee (1) Successor / Guardian of successor / Nominee | Nominee (2) Successor / Guardian of successor / Nominee | Nominee (3) Successor / Guardian of successor / Nominee |
|-----------|---|---|---|
| Name | | | |
| Signature | | | |

✂ Please tear here ✂

✂ Please tear here ✂

✂ Please tear here ✂

Application No.:

Acknowledgment Receipt

Date: / / 20

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO: 12044700 13014400

Client ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

| | | | |
|----------------------------|----------------------|---------------------|--|
| Successor BO Name | | | |
| First / Sole Holder | Second Holder | Third Holder | |
| Documents Submitted | | | |

Subject to verification

Depository Participant Seal & Signature