

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

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters** in English)

To,
M/s Lakshmishree Investment Securities Pvt. Ltd.
2nd Floor, 57, Gandhi Nagar, Sagra,
Varanasi – 221 010

Dear Sir / Madam,

I / We, the joint holder(s) / Successors/ Guardian of the joint holder successor (in case of Minor) request you to **transmit** the balance from:

DP ID	1	2	0	5	9	1	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))

	First / Sole Holder	Second Holder	Third Holder
Name(s) of the surviving holder(s)			
Signature(s) of the surviving holder(s)			

===== (Please tear here) =====

Application No. _____ **Acknowledgement Receipt** **Date:** - ___/___/_____

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

DP ID	1	2	0	5	9	1	0	0	Client Id								
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TO

DP ID									Client Id								
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Surviving Holder(s) Name(s)		
First/Sole Holder	Second Holder	Third Holder
Documents Submitted		

Documents subject to verification.

Depository Participant Seal and Signature