

New Berry Capitals Pvt. Ltd

(DP ID NO.12058900) (SEBI Regn. No. IN-DP-CDSL-703-2013)

Regd Office: A-602, Marathon NextGen Innova, Ganpatrao Kadam Marg, Lower Parel West, Mumbai -400013

Admin Office: A-602, Marathon NextGen Innova, Ganpatrao Kadam Marg, Lower Parel West, Mumbai - 400013

Tel No - 022 30508442

**Transmission Request Form
(In case of death of the sole holder)**

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

Dear Sir / Madam,

PART – I : (where nomination is recorded)

I, Nominee / Successor/ Guardian of the successor or nominee (in case of 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:

Name of the deceased BO:- _____

Account Number of the deceased BO:

DP ID																		Client ID											
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Kindly transmit all securities balance in the deceased BO's account mentioned above to the BO account mentioned below

Successor BO Account Number

DP ID																		Client ID											
Name																													

Details of Transmission			
Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted

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

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

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	X	X	X

**PART – II : (where nomination is not recorded)
No Objection Statement from other heirs/successors who are non-applicants**

- I/We, the undersigned, residing at _____ am/are legal heir(s) of the said deceased.
- I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. _____ who has/have opened a beneficial owner account(s) under Client ID _____ and DP ID _____.
- In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs. _____ under DP ID _____ Client ID _____ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

Bank Manager
Full Name and Address of Bank Manager:

Name : _____

Address : _____

Signature of the legal heir

Note for all legal heirs/successors who are applicants / non-applicants:

Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.

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CDSL

Acknowledgement Receipt

Application No.

Date:

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

Account number of the deceased BO

DP ID										Client ID									
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Successor BO Name(s)			
	First / Sole Holder	Second Holder	Third Holder
Name			
Signature	X	X	X
Documents Submitted			

Documents subject to verification.

Depository Participants Seal & Signature