

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

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

To,
Wealth Discovery Securities Pvt Ltd
1206 Kailash Building, K G MARG,
Connaught Place. NEW DELHI-110001
Dear Sir / Madam,

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

DP ID											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)		

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

Acknowledgement Receipt

Application No. _____ Date: - _____

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

DP ID											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
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature