

TRANSMISSION REQUEST FORM

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

**RR Equity Brokers Pvt. Ltd ,
Corporate Office: 412-422,Indraprakash Building, 21 Barakhamba Road, New Delhi-110001. Ph. No. 011-23354802 Email-id-dp@rrfcl.com**

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)

Dear Sir / Madam,

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

DP ID	1	2	0	4	2	3	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	Third 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	Third Holder
Documents Submitted		

Subject to verification.

Depository Participants Seal & Signature