TRANSMISSION-CUM-DEMATERIALIZATION FORM

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

Application No.									Date											
(Please fill all the details in Block Letters in English)																				
To, M/s Lakshmishree Investment Securities Pvt. Ltd. 2nd Floor, 57, Gandhi Nagar, Sigra,																				
Varanasi – 221 010																				
Dear Sir / Madam, I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were																				
held by me/us jointly with Mr./Mrs,/Ms																				
The Original Death C what is not applicable),																ed Of	fficer	(strik	e out	
I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:																				
DEMAT ACCOUNT	MAT ACCOUNT NUMBER of surviving BOs:										Client ID									
DRF No.			U		9	*	10	<u> </u>	Date											
Sr No. Name of the Security									ISIN					Quantity to be transmitted						
If the are more ISINs	to be	e dem	nateria	lized,	attach	n an A	nnexu	ıre, du	ly signed by the	accour	nt hol	ders								
1								2												
Name(s) of the surviving hold																				
Signature(s) of the surviving hold																				
======================================																				
Acknowledgement Receipt Application No Date://																				
We hereby acknowled Transmission Form and Demat Account num	nd DF	RF, fro	om:		_		ctions 1	for tra	nsmission-cum-	demate	rializat	tion,	as p	er the	e deta	ils gi	ven i	n the		
DP ID	1	2	0	5	9	1	0	0	Client ID											
DRF No.									Date											
Surviving Holder(s) N				out v	vhat is	s not	applica	able):												
First/Sole Holder					Second Holder					Third Holder										
Documents Submitted :-																				

Documents subject to verification.