

TRANSMISSION REQUEST FORM
(In case of death of the sole holder)

Annexure 7.1

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

To,
M/s Lakshmishree Investment And Securities Ltd.
"Shree House" C -29/61-5, Teliyabag
Varanasi – 221 002

Dear Sir / Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case the claimant is a Minor- Date of Birth of the minor*) Relationship with the 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.

***Please attach relevant proof**

Name of the deceased BO: _____

Account Number of the deceased BO: _____

DP ID	1	2	0	5	9	1	0	0	Client ID								
Date of the Deceased Sole Holder									D	D	/	M	M	/	Y	Y	Y

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

Sr. No	Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate of the deceased	DP ID	Client ID

Details of Transmission

Sr. No	Name of the Security	ISIN	Quantity of securities to be Transmitted

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

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

	Nominee(1) Successor/Guardian of successor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee
Name			
Signature			

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(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

DP ID	1	2	0	5	9	1	0	0	Client ID								
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Successor BO Name(s)

First/Sole Holder	Second Holder	Third Holder

Documents Submitted :-

Subject to verification.

Depository Participants Seal & Signature