



TRANSMISSION FORM

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**)

To,
Repository Participant Name
Address

Dear Sir / Madam,

I/We, the undersigned, being the (tick whichever is applicable)

Executor/s of the will Successor Legal heir/s Nominee Survivor of HUF Survivor of Partnership

Of Mr./Mrs./Ms. _____, who has expired.

Account Number of the deceased client:

RP ID		Client ID	
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The **Original Death Certificate** / a copy of the death certificate, duly notarized or attested under seal by a **Gazetted Officer** (strike out what is not applicable), is attached herewith.

Kindly transmit all commodity holdings in the deceased client account mentioned above to the client(s) account mentioned below:

ACCOUNT NUMBER:

Sr. No	Name(s) of the surviving holder(s) of HUF/ Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will / Survivor of Partnership	RP ID	Client ID

Details of Transmission:

Sr. No.	Commodity Name	eWR / eNWR	WR No.	Quantity to be transmitted	Quantity UOM

Attach an annexure duly signed by the surviving holder(s) / Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will, if the space above is insufficient.

Sr. No.	Name(s) of the surviving holder(s) / Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will / Survivor of Partnership	Signature(s)

Documents Submitted

- Original Death certificate
- Copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer)
- Succession certificate
- Probate of the Will
- Court Decree
- Indemnity
- Affidavit
- No objection certificate(s)

Documents subject to verification.

Note:

1. This request form should be signed by the surviving joint holder(s)/legal heir(s)/legal representative(s)/nominee/all surviving members of the HUF, as the case may be.
2. *Strike off whichever is not applicable.

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

Acknowledgement Receipt

Application No. _____

Date: - _____

We hereby acknowledge receipt of the following instructions for transmission, as per the details given in the Transmission Form:

Account number of:-

Sr. No	Name(s) of the surviving holder(s) of HUF/ Successor(s) / Legal heir(s) /Nominee (s) / Executor/s of the will / Survivor of Partnership	RP ID	Client ID

Repository Participants Seal & Signature