

Transmission Request Form

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

(Please fill all the details in Block Letters in English)

Application No. _____

To,

Date: __/__/____

IIFL Securities Limited

701, Ackruti Centre Point, Central Road,
 Marol MIDC, Andheri (East),
 Mumbai- 400093, Maharashtra

Dear Sir / Madam,

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

DP ID	<input type="checkbox"/>	1	2	0	4	4	7	0	0	Client ID									
	<input type="checkbox"/>	1	3	0	1	4	4	0	0										

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)		

Depository Participant Seal & Signature

Acknowledgement Receipt

Application No. _____

Date: _____

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

DP ID	<input type="checkbox"/>	1	2	0	4	4	7	0	0	Client ID									
	<input type="checkbox"/>	1	3	0	1	4	4	0	0										

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 Participant Seal & Signature