



## MINDEX CAPITAL MARKET PRIVATE LIMITED

REGD. OFFICE: 1306, Padma tower-1, Rajendra place, New Delhi -110008  
Ph. : 011-40904000 E-mail : info@mindexcapital.com  
website : www.mindexcapital.com

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

|                 |  |      |   |   |   |   |   |   |   |   |
|-----------------|--|------|---|---|---|---|---|---|---|---|
| Application No. |  | Date | D | D | M | M | Y | Y | Y | Y |
|-----------------|--|------|---|---|---|---|---|---|---|---|

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

To,  
**Mindex Capital Market Pvt Ltd**  
1306, Padma Tower-1, Rajendra Place, New Delhi-110008

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                            |  |  |  |  |  |  |  |  |  | Client ID |  |  |  |  |  |  |  |  |  |
| Date of the Deceased Sole Holder |  |  |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |

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 | Percentage |
|                         |                      |      |                                          |            |
|                         |                      |      |                                          |            |
|                         |                      |      |                                          |            |

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)

|           | <b>Nominee (1)<br/>Successor/Guardian<br/>of<br/>successor/Nominee</b> | <b>Nominee (2)<br/>Successor/Guardian<br/>of<br/>successor/Nominee</b> | <b>Nominee (3)<br/>Successor/Guardian<br/>of<br/>successor/Nominee</b> |
|-----------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Name      |                                                                        |                                                                        |                                                                        |
| Signature |                                                                        |                                                                        |                                                                        |

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

|      |  |           |  |  |  |  |  |  |  |  |
|------|--|-----------|--|--|--|--|--|--|--|--|
| DPID |  | Client ID |  |  |  |  |  |  |  |  |
|------|--|-----------|--|--|--|--|--|--|--|--|

| <b>Successor BO Name(s)</b> |                      |                     |
|-----------------------------|----------------------|---------------------|
| <b>First/Sole Holder</b>    | <b>Second Holder</b> | <b>Third Holder</b> |
|                             |                      |                     |
| Documents Submitted         |                      |                     |

Subject to verification

**Depository Participants Seal & Signature**