

Application No.

SPA Securities Limited

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

TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

Date

25, C-Blo Janak Pu	,		,	,													
Dear Sir	/ Mada	m,															
PART-I																	
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DP ID	1	2	0	5	8	6	0	0	Client ID								
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Details o	of Trans	missio															
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above is	insuffi	rient		-													•
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			/ Guar	dian of s	successo	or or no	minee	(in case	of Minor))								
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res	pect of	the af	oresaic	l securi	ties.	•			_								
Signed i	n the p	oresen	ce of														
			Bank	Mana	ger						Signat	ure of	the Le	egal He	eir		
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DP ID	1	2	0	5	8	6	0	0	Client ID								<u> </u>
Success	r PO N	omo(s)															
Successor BO Name(s) First / Sole Holder						Second Holder								Third h	older		
Documents Submitted																	
Docume	ונט שנטו	milleu															

request, I / we hereby renounce all my / our rights existing as well as those that may accrue to me / us in future in

Subject to verification.

Depository Participant Seal and Signature