

JHP SECURITIES PVT.LTD.

201, Dev Neo Vikram, Sahakar Nagar C.H.S., New Link Road, Above Audi Car Showroom, Andheri (W) Mumbai - 400 053
Ph No.: 022-69699902 / 905 Fax No.: 022-69699900 Email Id- ig@jhpsecurities.com

Annexure 7.2

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

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)

Dear Sir / Madam,

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

DP ID									Client ID								
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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 Participants Seal & Signature

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

Acknowledgement Receipt

Application No.

Date: -

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

DP ID										Client ID								
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To

DP ID										Client ID								
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Surviving Holder(s) Name(s)	
First/Sole Holder	Second Holder
Documents Submitted	

Subject to verification.