

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

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,
M/s. Prospera Finstocks Private Limited
 Unit No.24A, G.F., Vipul Agora Building,
 MG Road, Gurgaon, Haryana - 122002

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	1	2	1	0	4	3	0	0	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)

	Nominee(1) Successor/Guardian of successor/Nominee	Nominee(2) Successor/Guardian of successor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee
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

DP ID	1	2	1	0	4	3	0	0	Client ID								
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Successor BO Name(s)		
First/Sole Holder	Second Holder	Third Holder
Documents Submitted		

Subject to verification.

Depository Participants Seal & Signature

TRANSMISSION REQUEST FORM

DELETION OF NAME OF THE DECEASED HOLDER IN JOINT ACCOUNT (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)

To,
M/s. Prospera Finstocks Private Limited
 Unit No.24A, G.F., Vipul Agora Building,
 MG Road, Gurgaon, Haryana - 122002

Dear Sir / Madam,
 I/We, the undersigned, being the surviving holder(s) in the joint demat account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order of names and update the details in the account, as per details given below:

DP ID	1	2	1	0	4	3	0	0	Client ID									
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a. Account holders details

Details of the Holder	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased	
First Holder		<input type="checkbox"/>	Provide copy of death certificate duly attested by a Notary Public.
Second Holder		<input type="checkbox"/>	
Third Holder		<input type="checkbox"/>	

Address and Bank Details [Dividend Bank Details] (To be filled if the first demat account holder has deceased)

b. Correspondence Address and Permanent Address (if different from Correspondence Address) **of first holder (Proof of address document to be submitted).** Please write each combination of names in separate boxes.

Correspondence Address/Foreign Address							
City		PIN		State		Country	
Permanent Address							
City		PIN		State		Country	

c. Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									

Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____							
Bank Name								
Branch Name								
Bank Branch Address								
City		State		Country	PIN code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

d. Signature of surviving joint holder(s)

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the demat account holder [s] / surviving holder(s)		

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

Acknowledgement Receipt
Application No.
Date: -

We hereby acknowledge the receipt of the following instructions for deletion of deceased holder's name from the demat account on account of death:

DP ID	1	2	1	0	4	3	0	0	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.

Depository Participants Seal & Signature