

TRANSMISSION REQUEST FORM [Annexure 7.1]
(In case of death of the sole holder)

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

Dear Sir / Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case the claimant is 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 | 0 | 7 | 2 | 9 | 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 | 0 | 7 | 2 | 9 | 0 | 0 | Client ID | | | | | | | | |
|-------|---|---|---|---|---|---|---|---|-----------|--|--|--|--|--|--|--|--|

Successor BO Name (s)

| First/ Sole Holder | Second Holder | Third Holder |
|--------------------|---------------|--------------|
| | | |
| Document Submitted | | |

Subject to verification

Depository Participants Seal & Signature