

	Motilal Oswai												SWAL"						
Transmission Request Form																			
			(In	case of	deat	h of t	the sole holder)							_					
Application No.							Date												
(Please fill all the details in Block Letters in English)																			
To, Motilal Oswal Securities Ltd Mumbai-400064																			
Dear Sir / Madam,																			
I, Nominee/ Successor/ Guardian of the successor or Nominee (in case of 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 Gazetted officer) is attached herewith																			
Name of the deceased BO:																			
DP ID	le dece	ascu	D O.				Client ID												
Kindly transmit all securi	ties bala	ance i	in the	deceased	BO's	acco	unt mentioned abo	ove to	the	belov	v me	ntion	ed a	cour	nt.				
Successor BO Account N																			
DP ID							Client ID												
Name	,																		
Sr. Name of the Se					IS	IN		Ou	Quantity of securities to be										
No No	curicy				13.	15114					transmitted								
Attach an annexure duly signed by the nominee / successor/ guardian of the successor or nominee (in case of minor) if the space above is insufficient. Or take the printout of holding Statement duly signed by the successor.																			
(Successors / Hairs / Nominees) First / Sole Holder Second Holder Second Holder											dar								
NAME(S) AND	•					Second noider													
10 11 12(0) 7 11 12																			
SIGNATURE(S) OF																			
THE SURVIVING																			
HOLDER(S)	**																		
No Objection Stateme	ent froi	n otr	ner he	eirs/succ	esso	rs Wi	no are non-appli	cant	S										
 I/We, the undersigned, residing at, am/are legal heir(s) of the said deceased. I/We do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. 																			
the said securities in the name(s) of Mr. / Mrswho has/have opened a beneficial owner account(s) under Client IDand DP ID 3. In consideration of registration of the aforesaid securities in the client account of Mrs. / Mrs																			
under DP ID Client ID at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.																			
Signed in the presence of		ias u	iose t	nat may a	iccrue	e to m	ie/us in future in re	espec	LOIL	ne ai	ores	aid se	ecurii	ies.					
Bank Manager								Si	gnati	ure o	f the	lega	l heir	-					
Full Name and Address	of Bank	Mana	ger:																
Name :																			
Address :						-													
						-													

Note for all legal heirs/successors who are applicants / non-applicants:
Only one Transmission Request Form is to be submitted by claimants/non-claimants to the DP of the deceased BO for the transmission of securities wherein the intentions of the legal heirs/successors are collectively stipulated.



Depository Participants Seal & Signature

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	Transmission Request Form (In case of death of one / more of the joint holders)																			
Application No.				(211	cusc	. 	cutii	0.0.	Date		, , ,			_						
(Please fill all the detail	ls in	Bloc	k Let	tters	in Er	nglish))									_				
To, Motilal Oswal Securi	ities	Ltd																		
Mumbai-400064																				
Dear Sir / Madam,																				
I / We, the joint holder	(s) /	Succ	esso	rs re	quest	you	to tra	ansm	it the secu	urities b	alanc	e fro	m:							
DP ID									Client ID)										
То																				
DP ID									Client ID)										
				<u> </u>											<u> </u>					
Due to the death of	d 20	sound.	t hale	dor(a)	Orio	م احما	donth.	corti	ficato / co	m, of d	onth.	corti	ficato	/ duly	note	rizos	1 / 54			
(Name of the deceased account holder(s) Original death certificate / copy of death certificate(duly notarized / attested under seal by Gazetted officer) is attached herewith																				
			/ C-	1- 11-	1.1															
NAME(C) AND		irst	/ 50	е по	older					Second Holder										
NAME(S) AND																				
SIGNATURE(S)																				
OF THE SURVIVING	3																			
HOLDER(S)																				
						<i>,</i>														
Acknowledgement R			===	===	===	(Ple	ase	tear	here)==	====:	===	===	:==:	===	===	===		==		
Application No.										Date: -										
We hereby acknowledg	je the	e rec	eipt o	of the	follo	wing	instru	ıction	s for trans	mission	from	:								
DP ID									Client ID)										
То																				
DP ID									Client ID)										
Surviving Holder(s) Na	me(s)																	
First/Sole Holder				!	Seco	nd H	oldei	r												
Documents Submitted	d																			
Subject to verification.																				