

# Transmission-cum-Dematerialization Form

[In case of death of one / more of the joint holders]

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



## SBICAP Securities Ltd.

CIN: U65999MH2005PLC155485

Marathon Futurex, 12th Floor, A & B –Wing, N. M. Joshi Marg, Lower Parel (E), Mumbai - 400013

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**CDSL:** SEBI REGN. No.: IN-DP-CDSL-370-2006 & DP ID: 12047200 | **NSDL:** SEBI REGN. No.: IN-DP-NSDL-369-2014 & DP ID: IN306114

Email: [helpdesk@sbicapsec.com](mailto:helpdesk@sbicapsec.com) | Web: [www.sbismart.com](http://www.sbismart.com)

Dear Sir / Madam,

I/We, the surviving joint holder(s) of the following securities along with Mr./Mrs./Ms. \_\_\_\_\_ (name of the deceased) wish to have the name of the deceased deleted from the security certificates and request you to dematerialize the enclosed securities in our account as per details given below.

The **Original Death Certificate** / a **copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificates listed below.

I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:

**DEMAT ACCOUNT NUMBER of surviving BOs:**  CDSL |  NSDL

DP ID										Client ID									
DRF Number										Date	D	D	M	M	Y	Y	Y	Y	

<b>Name of the Security</b>	
<b>ISIN</b>	
<b>Type of Security</b> Equity / Others (Please specify)	
<b>Quantity ( in figures)</b>	
<b>Quantity ( in words)</b>	

If there are more ISINs to be dematerialized, attach an Annexure, duly signed by the account holder(s)

	<b>First / Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
Name(s) of the surviving holder(s)			
Signature(s) of the surviving holder(s)			

### Instructions :

1. Separate forms should be filled up for each ISIN by the survivor(s).
2. Each form should be accompanied by a copy of the death certificate, duly notarised.

## Acknowledgement Receipt

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from:

**Demat Account number of the surviving BO(s):-**

DP ID										Client ID									
DRF Number										Date	D	D	M	M	Y	Y	Y	Y	

<b>Surviving Holder(s) Name(s) – (strike out what is not applicable):</b>		
<b>First/Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
Documents Submitted		

Documents subject to verification

**Depository Participants Seal & Signature**