



Annexure 7.2

TRANSMISSION REQUEST FORM (In case of death of one / more of the joint 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,

Bajaj Financial Securities Limited
 1ST Floor, Unit-2, Tower B,
 Mantri IT Park ,Opp Inorbit Mall,
 Nagar Road, Chandan Nagar, Pune-411014

Dear Sir / Mam,

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		
Signature of the surviving holder(s)		

======(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	

Depository Participants Seal & Signature