



TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

Application No.	Date:	D	D	М	М	Y	Y	Y	Y

(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,

Part - I: (Where nomination is recorded)

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (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 a Gazetted Officer) is attached herewith.

Name of the deceased BO: Account Number of the deceased BO:

DP ID					Client ID				

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

	nt ID	Clie				ID	DF		(s)	Name of the Successor(s)	 Sr No
_											

	Details of Tra	ansmission	
Sr.	Name of Security	ISIN	Quantity of securities to be transmitted
No.			be transmitted

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)	Nominee(2)	Nominee(3)
	Successor/Guardian of	Successor/Guardian of	Successor/Guardian of
	successor/Nominee	successor/Nominee	successor/Nominee
Name			
Signature			





PART – II : (where nomination is not recorded)

No Objection Statement from other heirs/successors who are non-applicants

	I/We, the undersigned, residing a				, ant/	are re	garin	en(s)	O1	
,	the said deceased.									
	I/We do not desire to make any whatsoever in transmitting the		securities i	in the n	name(s)	of N	1r. /	M	rs.	
	IDand DP I				ner decod	111(5)	anacı	CIIC		
	In consideration of registration ounde request, I/We hereby renounce al me/us in future in respect of the a	er DP ID ll my/our r	ights existir	Clien	ıt ID			_atr	ny	
	Signed in the presence of									
	Bank Manager			Si	ignature of	the le	gal he	 eir		
	Full Name and Address of Bank Ma	nager:								
	Name :									
	Name :									
		 ho are applic m is to be su	bmitted by c	laimants/n						
	Note for all legal heirs/successors with Only one Transmission Request Form deceased BO for the transmission of	ho are applice m is to be suited securities with =====(Pleas	bmitted by one of the best between the best best best best best best best bes	laimants/n tentions of	the legal l	neirs/s	succes			
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Depository Participants Seal & Signature