

**TRANSMISSION REQUEST FORM**  
(In case of death of one / more of the joint holders)

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

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

**RR Equity Brokers Pvt. Ltd ( DP ID-42300)**  
**Corporate Office: 412-422,Indraprakash Building, 21 Barakhamba Road, New Delhi-110001.**  
**Ph. No. 011-23354802 E-mail dp@rrfcl.com**

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID	Client ID
-------	-----------

To

DP ID	Client ID
-------	-----------

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(s)		
Signature(s) 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
-------	-----------

To

DP ID	Client ID
-------	-----------

Surviving Holder(s) Name(s)	
First/Sole Holder	Second Holder
Documents Submitted	

Subject to verification.

**Depository Participants Seal & Signature**