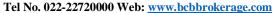
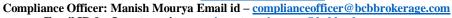


## BCB Brokerage Private Limited CIN-U67120MH2000PTC129742

SEBI Registration No. IN-DP-CDSL-05-99







Email ID for Investor grievance: investorgrievance@bcbbrokerage.com

## **Transmission Request Form**

(In case of death of the sole holder)

		(υρ						_	n <b>Blc</b>						J22)							
Application N	lo.		(FIE	ase	IIII a	ii tiie	uet	a113 I		Date		13 11	LIIE	,11311)								
To, BCB Brokera, Add: 1207A,	-		treet	, Fort	:, Mu	ımbai	i - 40	0001	L													
Dear Sir / M PART – I: (w		nation	is re	cord	ed)																	
I/We, Nomi transmit the of Death Ce	following	securi	ties o	due t	o th	e de	ath	of th	ne sol	e ac	cou	nt h	olde	r. Or	igina	l De	eatl	h Čei	tific			
Name of the	deceased	во:																				
Account Nu			ased	BO:	ı		ı	1					1	ı		ı		1	1	1	1	
DP ID	1 2	2 0	1	0	4	0		Cli	ent I	D			0	0	0							
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Sr. No	Name of t	he Su	ccess	or (s	5)					DF	D							Clier	it ID			
1.																						
2.																						
3.																						
Details of To	ansmissio	1																				
Sr. No		Name	of th	ne Se	curi	ty							ISIN			(		antit o be	-			
1.																						
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3.																						
Attach an a				-				) / S	ucce	ssor	/ G	uard	ian d	of the	e su	ces	sor	or r	omi	nee	(s)	(in

(Nominees / Successor / Guardian of successor or nominee (s) (in case of Minor))

(NOTHINEES	/ Successor / Guardian or successor	i or nominee (s) (in case or willior)	1				
	Nominee (1)	Nominee (2)	Nominee (3)				
	Successor/Guardian of successor/Nominee	Successor/Guardian of successor/Nominee	Successor/Guardian of successor/Nominee				
Name							

Signature		
	 nere nomination is not recorded) nother heirs/successors who are i	non-applicants

No	Objectio				-	e nomination ther heirs/s			-	non-	appl	ican	ts		
1. I/We, the unde	_		_												
2. I/We do not de transmitting the has/have opene	e said se	curit	ies ir	n the	e nam	ne(s) of Mi	. / Mrs.								wh
3. In consideration						aid securiti der DP ID									
at my request, in future in resp	I/We here	eby re	enour	nce a	ill my/	our rights									
Signed in the pres	ence of														
Bank Manager Full Name and Add Name:	ress of Ba							 Signa	ature	of tl	ne le	gal h	eir		
Note for all legal h Only one Transmis BO for the transn stipulated. ====================================	sion Requ	est F	orm i	s to s wh	be sub erein	omitted by the intent (Please tea	claimants/ ons of th	/non- e leg	gal h	eirs/:	succe	essor	s are	e col	llectivel
We hereby acknow account to the account to the account, as per deta	ount of th	ie Noi	mine	e (s)	/ Succ	essor / Gua									
Account number o	f the dece	eased	ВО												
DP ID						Client ID								<u> </u>	
Successor BO Nai	ma(s)														
First/Sole Holder	110(3)			Se	cond	Holder			Thir	d Ho	lder				
Documents Subm	itted														
Subject to verificat For BCB Brokerage		.imite	d (DI	P ID :	12010	400/ 01)									

(Authorised Signatory)

Name:

**Designation and Employee ID:** 

Place: Date: