BCB Brokerage Private Limited

TRANSMISSION REQUEST FORM

(In case of death of one / more of the joint holders)

(Updated as per CDSL Operating Instructions as on March, 2022)

Date		Application No.	

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

To,

BCB Brokerage Private Limited
Add: 1207A, P.J. Towers, Dalal Street, Fort, Mumbai - 400001

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)	
Sole / First Applicant	Second Applicant
Documents Submitted	

Subject to verification

For BCB Brokerage Private Limited (DP ID 12010400/ 01)

(Authorised Signatory)
Name:

Designation and Employee ID:

Place: **Date:**