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2. I/We do not desire to make any claim of title of the said securities and have no objection

	whatsoever in transmitting who has/have opened a ber			` '		-		D						
3. In consideration of registration of the aforesaid securities in the client account of Munder DP IDClient IDat my request, I/We renounce all my/our rights existing as well as those that may accrue to me/us in f														
	respect of the aforesaid sec	_	s well a	s those that h	nay acc	crue t	o me	/us in	TUTL	ire in				
Sig	gned in the presence of													
	Bank Manager				Sign	ature	of t	he le	gal h	ieir				
Fu	II Name and Address of Ba	nk Mana	ger:											
	me : dress :													
,														
hei	e deceased BO for the trains/successors are collectively ===================================	stipulated	=(Please			====								
We	hereby acknowledge receipt of the ount of the Nominee(s) / Successor the transmission form.				s from th	ne dece								
	ount number of the deceased BO			Client ID			$\overline{\Box}$							
	Successor BO Name(s)		<u> </u>	1										
	First/Sole Holder		Second	Holder		Third Holder								
1	Documents Submitted													
Sub	eject to verification.													
D	Pepository Participants Seal & Sig	gnature												

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

Application	on No.									Date	D	D	M	M	Y	Υ	Y	Y
(Please fill	Please fill all the details in Block Letters in English)																	
To, ATS Share Brokers Pvt. Ltd. 2gethr @ ORR, 1st floor, Tower B, Mantri Commercio, Outer Ring Rd, Near Sakra World Hospital, Kariyammana Agrahara, Bellandur,																		
Bengaluru, Karnataka - 560103																		
Dear Sir / Madam,																		
I / We, the	e joint holde	er(s) /	Succ	essor	s requ	uest y	ou to	trar	nsmi	t the securities	balanc	e fror	n:					
DP ID										Client ID								
То																		
DP ID										Client ID								
Due to the	e death of _																	
Original D attached h		cate ,	/ cop	y of	Death	n Cer	tifical	te (dı	uly n	(Name of the otarized / atte	deceas sted u	sed ad nder	count seal l	t hold by a	ler(s) Gaze). etted	Office	er) is
								First	/ So	le Holder	Second Holder							
	Name(s) of the surviving holder(s)																	
	Signature holder(s	(s) of	the s	urvivi	ng													
=====		===	===	==:			(Plea	se t	ear l	nere)====	====	===	===	==:		===	===	=
Application	on No.					A	ckno	wled	gem	ent Receipt	Dat	:e: -						
We hereby	acknowled	ge th	e rece	eipt o	f the f	follov	ving i	nstruc	ctions	for transmission	on from	1:						
DP ID										Client ID								
То																		
DP ID										Client ID								
Survivi	ng Holder(s) Na	me(s)														
First/Sole Holder											S	econo	Hol	der				
Docume	ents Submitt	ed																

Subject to verification.

Depository Participants Seal & Signature