

Transmission Request Form
of death of Sole / First / Second / Third holder)

CDSL

Applicat	ion				7												
(Please f	iioii i	No.							Date	1181	17:	26	19	3	1 1		
To, Bank of I Central E Baroda S Mumbai-	Barod Back C	a Office ower,	DP Op	erati	ons,		in En	glish)								•	
Dear Sir /																	
/ We, th	e Nom	inee /:	secur	ities o	lue to	the de	ath of	the Fi	of the joir rst/Sole Ho ted under	Ider / Se	cond H	older /	Third F	lolder. (	Original	Death	)
Name & A			ber of														
DP ID	1	3	0	1	8	7	0	0	CLIEN	IT ID							
Kindly tra	nsmit a	all secu	urities i	in the	decea	sed Bo	o's ac	count n	nentioned :	above to	the BO	accoun	t ment	ioned be	elow.		
DP ID									CLIEN	NT ID							
Name & Holder / S or nomine	Succes	sors /	Guardi	an of													
Details o	f Trai	nsmis	sion														1291
Sr.No.	Nar	ne of	the Se	curit	у			IS	SIN					Quanti	ty to b	e trar	smitte
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(incase of Name(s)	f Minor	r), if th	R lates	e abo	ding st ve is ir irst /	suffic	ient.	000 C	ed by the	Nominee			Guard				
(incase of Name(s) surviving	f Minor	r), if th	e spac	e abo	ve is ir	suffic	ient.	000 C	ed by the				Guard				
(incase of Name(s) surviving Nominee Signature	of holder	r), if the tir(s) /	ne spac	e abo	ve is ir	suffic	ient.	000 C	ed by the				Guard				
Attach ar (incase of Name(s) surviving Nominee Signature surviving Nominee	of holder	r), if th	ne spac	e abo	ve is ir	suffic	ient.	000 C	ed by the				Guard				
Name(s) surviving Nominee Signature surviving Nominee Docume	of holder holder hold	r), if the time to	ne spac	e abo	ve is ir	Sole I	ient.	er .		Second	i Holde	er		1	Third H	lolder	
Name(s) surviving Nominee Signature surviving Nominee Docume (1) Nota	of holder	r), if the start of the start o	he he /	e abo	irst /	Sole	ient.	er Master		Second	d Holde	er est lett	er (4)	Others	Third F	lolder	
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(Branch) Participants Seal

Authorized Signatory