## Transmission Request Form (In case of death of the sole holder)

# **Sunflower Broking Pvt. Ltd.**

Regd. Office: "Sunflower House", 5th Floor, 80 feet Road, Nr. Bhaktinagar Circle Rajkot-360 002. (Gujarat) India. Phone: + 91-281-2361935, 2373815 Tale Fax : + 91- 281- 2361528 E-mail : info@sunflowerbroking.com

http://www.sunflowerbroking.com

SEBI Reg. No.: BSE (CASH) INB 011358638 CLG No. 3288

NSE (CASH) INB 231358632,

NSE (F&O) INF 231358632(CDX) INE 231358632. TM ID No.: 13586, CM ID NO. M51716

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

Dear Sir / Madam,

PART – I: (where nomination is recorded)

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of Minor) request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

Name of the deceased BO:													
Account Number of the deceased BO:													
DP ID 1 2 0 6 4 6 0 0 Client ID													

Kindly transmit all securities balance in the deceased BO's account mentioned above to the below mentioned account.

#### Details of the Successor (s)

Sr. No	Name of the Successor (s)	DP ID							Client ID								
1																	
2																	
3																	

Details of Transmission												
Sr. No	Name of the Security	ISIN	Quantity of securities to be transmitted									

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in Case of Minor), if the space above is insufficient.

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

	Nominee(1) Successor/Guardian of successor/Nominee	Nominee(2) Successor/Guardian of successor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee
Name			
Signature			

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### PART – II: (where nomination is not recorded)

	No	Ob.	jecti	on S	tater	nent	fror	n otl	her h	neirs/succes	sors	who	are	nor	1-ар	plica	nts			
1.	I/We, the undersigned, residing at, am/are legal heir(s) deceased.												) of	the	e saic					
2.	I/We do no whatsoever	ir	n tr	ansr	mittii	ng	the	sa	iid	securities	in	the	n	ame	e(s)	of	M	1r.	/	Mrs.
	account(s)	unde	er Cli	ent I	ID _	_				and DP ID						_•				
3.	In consider	atio		_						esaid securi										
	ID									e hereby re										
	as those tha	at m	ay a	ccrue	e to	me/ı	us in	futu	ıre ir	n respect of	the a	afore	esaio	d sec	curit	ies.				
Sign	ed in the pre	esen	ce of	•																
Banl	k Manager									_	Sign	atur	e of	the	lega	al he	eir		_	
Full	Name and A	ddre	ess o	f Bar	nk M	anac	ier:													
	ne       : ress    :													_						
Only dece	e for all legal one Transreased BO tessors are o	nissi for	on R the	eque trar	est F nsmi	orm ssior	is t	o be	sub	mitted by c	laima	ants,								
===	======	===	===	===	===	-==	== (	(Plea	ise te	ear here) ==	===:	===	==	===	===	==:	===	==	==	=
	lication No.					A	Ackn	owle	dger	ment Receip	t Da									
BO's	hereby ackr account to case of Minor	the	acco	unt	of th	ne No	omin	ee(s	3) / S	Successor /	Guar									
Acco	ount number	of t	he d	ecea	sed	ВО														
DP II	)	1	2	0	6	4	6	0	0	Client ID										
								Succe	essor	BO Name(s)										
First/Sole Holder							Sec	cond I	Holder					Thir	d Hol	der				
Docu	ments Subm	ittec	1																	

Subject to verification.