

Wellworth
Lead you to achieve financial goal



WELLWORTH SHARE AND STOCK BROKING LTD.
501, Akruiti Orion, Shraddhanand Road, Vile Parle (E), Mumbai - 400 057.
Tel. : 022 - 6715 9000 • Fax : 022 - 6715 9090
E-mail : cdsil@wellworthgroup.co • Website : www.wellworthgroup.co
CDSL Regn No: IN - DP - CDSL - 149 - 2001

CDSL DP ID: 12025500

TRANSMISSION REQUEST FORM
(In case of death of the sole holder)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters** in **English**)

To,
WELLWORTH SHARE AND STOCK BROKING LTD.
501, Akruiti Orion, 5th Floor, Shraddhanand Road,
Vile Parle (East), Mumbai-400 057.

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	2	5	5	0	0	Client ID									
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Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

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

Details of Transmission			
Sr. No.	Name of 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			

PART - II : (Where nomination is not recorded)

No objection Statement from other heirs/successors who are non-applicants

1. I/We, the undersigned, residing at _____, am/are legal heir(s) of the said deceased.
2. I/We, do not desire to make any claim of title of the said securities and have no objection whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. _____ who has/have opened a beneficial owner account(s) under **Client ID** _____ and **DP ID** _____
3. In consideration of registration of the aforesaid securities in the client account of Mr. / Mrs. _____ under **DP ID** _____ **Client ID** _____ at my request, I/We hereby renounce all my/our rights existing as well as those that may accrue to me/us in future in respect of the aforesaid securities.

Signed in the presence of

Bank Manager

Signature of the legal heir

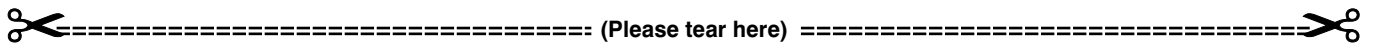
Full Name and Address of Bank Manager :

Name : _____

Address : _____

Note for all legal heirs / successors who are applicants / non - applicants :

Only one Transmission Request Form is to be submitted by claimants / non-claimants to the DP of the deceased BO for the transmission of securities where in the intentions of the legal heirs/successors are collectively stipulated.



Acknowledgment Receipt

Application No.

Date : -

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee (s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

DP ID	1	2	0	2	5	5	0	0	Client ID								
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Successor BO Name (s)		
First / Sole Holder	Second Holder	Third Holder

Documents Submitted

Subject to Verification.

For WELLWORTH SHARE AND STOCK BROKING LTD.

Seal & Signature



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

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters** in English)

To,
WELLWORTH SHARE AND STOCK BROKING LTD.
501, Akruiti Orion, 5th Floor, Shradhdhanand Road,
Vile Parle (East), Mumbai-400 057.

Dear Sir / Madam,

I/We, the joint holder(s) / Successors request you to transmit the securities balance from :

DP ID	1	2	0	2	5	5	0	0	Client ID								
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To

DP ID									Client ID								
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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.

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:
I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		



===== (Please tear here) =====

**Acknowledgment Receipt****Application No.****Date : -**

We hereby acknowledge the receipt of the following instructions for transmission from :

DP ID	1	2	0	2	5	5	0	0	Client ID								
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To

DP ID									Client ID								
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Surviving Holder(s) Name(s)	
First / Sole Holder	Second Holder
Documents Submitted	

Subject to Verification.

For WELLWORTH SHARE AND STOCK BROKING LTD.

Seal & Signature