## **Rudra Shares & Stock Brokers Limited**



(Formerly Known as Gigantic Securities Limited)

Corporate Office: Rudra House, (Adjoining Krishna Tower), 15/63, Civil Lines, Kanpur - 208 001

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CDSL DP ID: 12061400 & Sebi Reg. No.: IN-DP-CDSL-518-2009

## TRANSMISSION REQUEST FORM

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

| Application No.   |   |       |       |      |        |        |        |        | Date              | D     | D     | M             | M      | Υ     | Υ        | V       | V    |  |
|---|---|-------|-------|------|--------|--------|--------|--------|-------------------|-------|-------|---------------|--------|-------|----------|---------|------|--|
|   |   | . Dia | ماد ا |      | e in l |        | ob)    |        | Date              | D     | D     | IVI           | IVI    |       | I        | ĭ       | Υ    |  |
| (Please fill all the details in <b>Block Letters</b> in English)  Dear Sir / Madam  |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| I / we, the joint holder  | I / we, the joint holder(s) / Successors request you to <b>transmit</b> the securities balance from : |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| DP ID   | 1   | 2     | 0     | 6    | 1      | 4      | 0      | 0      | Client ID         |       |       |               |        |       |          |         |      |  |
| То,   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| DP ID   |   |       |       |      |        |        |        |        | Client ID         |       |       |               |        |       |          |         |      |  |
| Due to the death of   | Due to the death of   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Original Death Certific herewith.   | ate/  | copy  | of De | eath | Certi  | ficate | e (dul | ly not | arized / attested | under | seal  | oy a G        | Sazett | ed Of | ficer) i | s attac | ched |  |
|   | First/S   |       |       |      |        |        |        | irst/S | ole Holder        |       |       | Second Holder |        |       |          |         |      |  |
| Name(s) of the surviving holder(s)  |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Signature(s) of the su  |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| (P ease Tear Here)  |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Acknowledgement Reciept   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   | illelli Keclepi   |       |       |      |        |        | 1      |        |                   |       |       |               |        |       |          |         |      |  |
| Application No.   |   |       |       |      |        |        |        | Date   | D                 | D     | M     | M             | Υ      | Υ     | Υ        | Υ       |      |  |
| We hereby acknowledge the receipt of the following instructions for transmission from :   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| DP ID   | 1   | 2     | 0     | 6    | 1      | 4      | 0      | 0      | Client ID         |       |       |               |        |       |          |         |      |  |
| То,   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          | •       |      |  |
| DP ID   |   |       |       |      |        |        |        |        | Client ID         |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        | !                 |       | _     |               |        |       |          | '       |      |  |
| Surviving Holder(s) Name(s)   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Fir   | Second Holder   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Documents Submittee   | d   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
| Subject to verification.  |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        |                   |       |       |               |        |       |          |         |      |  |
|   |   |       |       |      |        |        |        |        | Dep               | osito | ry Pa | articip       | ants   | Seal  | and S    | Signat  | ture |  |