



## 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                    | Y | Y | Y         | Y |
| (Please fill all the details in <b>Block Letters</b> in English)  |                          |      |   |   |                      |                      |   |   |           |   |
| Dear Sir / Madam  |                          |      |   |   |                      |                      |   |   |           |   |
| 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 |   |
| To,   |                          |      |   |   |                      |                      |   |   |           |   |
| DP ID   |                          |      |   |   |                      |                      |   |   | Client ID |   |
| 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. |                          |      |   |   |                      |                      |   |   |           |   |
|   | <b>First/Sole Holder</b> |      |   |   |                      | <b>Second Holder</b> |   |   |           |   |
| Name(s) of the surviving holder(s)  |                          |      |   |   |                      |                      |   |   |           |   |
| Signature(s) of the surviving holder(s)   |                          |      |   |   |                      |                      |   |   |           |   |
| .....(Please Tear Here).....  |                          |      |   |   |                      |                      |   |   |           |   |
| <b>Acknowledgement Receipt</b>  |                          |      |   |   |                      |                      |   |   |           |   |
| Application No.   |                          | Date | D | D | M                    | M                    | Y | Y | Y         | Y |
| We hereby acknowledge the receipt of the following instructions for transmission from :   |                          |      |   |   |                      |                      |   |   |           |   |
| DP ID   | 1                        | 2    | 0 | 6 | 1                    | 4                    | 0 | 0 | Client ID |   |
| To,   |                          |      |   |   |                      |                      |   |   |           |   |
| DP ID   |                          |      |   |   |                      |                      |   |   | Client ID |   |
| <b>Surviving Holder(s) Name(s)</b>  |                          |      |   |   |                      |                      |   |   |           |   |
| <b>First / Sole Holder</b>  |                          |      |   |   | <b>Second Holder</b> |                      |   |   |           |   |
| Documents Submitted   |                          |      |   |   |                      |                      |   |   |           |   |
| Subject to verification.  |                          |      |   |   |                      |                      |   |   |           |   |
| <b>Depository Participants Seal and Signature</b>   |                          |      |   |   |                      |                      |   |   |           |   |