

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 **Block Letters** in English)

To,
BONANZA PORTFOLIO LIMITED
 Bonanza House, Plot no. M-2,
 Cama Industrial Estate, Walbhat Road,
 Goregaon (E)- Mumbai – 400063.
 Tel No. – 022 30863700/67605500

Dear Sir / Madam,

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

DP ID	1	2	0	3	3	5	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.

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) =====

Acknowledgement Receipt

Application No.

Date: -

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

DP ID	1	2	0	3	3	5	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

To

DP ID									Client ID								
-------	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--	--

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

Subject to verification.

Depository Participants Seal & Signature