

	TRANSMISSION REQUEST FORM (In case of death of one / more of the joint holders) Application No Date: / / (Please fill all the details in Block Letters in English)															
		•	(Please	fill all th	ne deta	ils in	Block Letters	in Eng	lish)		•				
Empire Plaza I, 4th LBS Marg, Chanda	o, IDFC Bank Limited - Depository Services, Empire Plaza I, 4th Floor, BS Marg, Chandan Nagar, /ikhroli West, Mumbai - 400083															
Dear Sir / Madam,																
I / We, the joint ho	lder(s) / Sı	ucce	ssors	reque	st you	ı to	transmit th	ne sec	urities	bala	nce 1	from:			
DP ID								Client ID								
То				1		· ·		-1	·				ı			
DP ID								Client ID								
Due to the death of	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.																
					Firs	First / Sole Holder					nd Ho	olde				
Name(s) of the surviving holder(s)																
Signature(s) of the surviving holder(s)																
========	===:	===						ere) ==== Receipt	====	===:	===	===	===	===	=	
Application No.				ACKII	owie	igeili	CIIC	Receipt	Da	te: -						
We hereby acknowledge the receipt of the fo							e following instructions for trar				on fro	om:				
То	I			I	1	ı						1	1		I	
DP ID							C	Client ID								
				urvis	ina ⊔	oldor	·/c\	Name(s)								1
First/Sole H	older			uivi	/ilig ii	oluei	(3)	Secon	nd Ho	lder						
. Hot, cold Holder						Jecoi				iuci						
Documents Submit	ted															
Subject to verificat	ion.															
Donocitory Partie	inant	- S-	ո . թ.	Sian	atura											

Annexure 7.2 (2023June)