



ANS Pvt. Ltd.

BSE: 3022 | NSE: 10585 | DP: CDSL - 19800

CIN: U67120GJ1999PTC035472



ARHAM FINANCIAL CENTRE, Opp. Star Chambers, Panchnath Main Road, Harihar Chowk, Rajkot – 360 001
Tel: 0281-2450745/ 6699300 E-mail: dp@anspl.net, ans@anspl.net

Transmission Request form

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

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

Dear Sir / Madam,

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

DP ID	1	2	0	1	9	8	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.

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

DP ID	1	2	0	1	9	8	0	0	Client ID										
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To

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

Subject to verification

Depository Participants Seal & Signature