



Manashvi Securities Limited

Regd. Office : 524, P.J. Tower, Dalal Street, Fort, Mumbai - 400023. India

Dealing Office Mumbai: 417, Anjani Complex, "A" Wing, Pereira Hill Road, Nr. Cinemax Theatre, Andheri (East), Mumbai-400 099.
Tel. 91-22-28253301 (3 Lines) • Fax : 91-22-28253303 • E-mail: manashvi@manashvi.com • Website : www.manashvi.com

Dealing office Gandhinagar: 562/1, "Arambh" Opp. Tejas Society, Sector-23, Gandhinagar- 382 023.

Tel.: (079) 23233508, 23240880 Fax No.: (079) 23248366 • E-mail: gandhinagar@manashvi.com, msldp@manashvi.com

Transmission-Cum-Dematerialization Form

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

Please fill all the details in **Block Letters** in English

Application No.	CDS /
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Date :			
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To,
Depository Participant

Name :	MANASHVI SECURITIES LIMITED
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DP ID	4	7	8	0	0
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Dear Sir / Madam,

I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were held by me/us jointly with Mr./Mrs./Ms. _____ who has expired.

The **Original Death Certificate/a copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificates listed below :

I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below :

DEMAT ACCOUNT NUMBER Of surviving BOs :

DP ID	1	2	0	4	7	8	0	0	Client ID									
DRF No.									Date									

Sl No.	Name(s) of the surviving holder(s)	ISIN	Quantity to be transmitted

If there are more ISINs to be dematerialized, attach an annexure, duly signed by the account holders.

Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

(Please tear here)

Application No.

Acknowledgement Receipt

Date :

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from :

DEMAT ACCOUNT NUMBER Of surviving BOs :

DP ID	1	2	0	4	7	8	0	0	Client ID								
DRF No.									Date								

Surviving Holder(s) Name(s) - (strike out what is not applicable) :	
Document Submitted :	

Depository Participants Seal & Signature

Documents subject to verification.