

## Irage Broking Services LLP

Registered office: Unit 1 &amp; 2, 17th Floor, Gift One Tower Road SC, Zone 5, Gift City Gandhinagar - 382355

Correspondence address: Unit No.111, 1st Floor, A-Wing, Boomerang, Near Chandivali Studio, Chandivali Farm Road, Andheri(E), Mumbai - 400072

Contact: 07965081210 | Email: ig@arrow.trade

## TRANSMISSION REQUEST FORM

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

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

|                 |                    |  |  |  |  |  |  |  |
|-----------------|--------------------|--|--|--|--|--|--|--|
| Application No. | Date: (DD/MM/YYYY) |  |  |  |  |  |  |  |
|-----------------|--------------------|--|--|--|--|--|--|--|

To,

**Irage Broking Services LLP**

Unit-111, Wing-A, 1st Floor, "Boomerang", Chandivali Farm Road, Near Chandivali Studio, Andheri (East), Mumbai-400 072 Contact: 07965081210

Dear Sir / Madam,

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

|        |            |  |  |  |  |  |  |  |
|--------|------------|--|--|--|--|--|--|--|
| DP ID: | 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.

|   | 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: (DD/MM/YYYY) |  |  |  |  |  |  |
|-----------------|--------------------|--|--|--|--|--|--|

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

|        |            |  |  |  |  |  |  |
|--------|------------|--|--|--|--|--|--|
| DP ID: | Client ID: |  |  |  |  |  |  |
|--------|------------|--|--|--|--|--|--|

**TO**

|        |            |  |  |  |  |  |  |
|--------|------------|--|--|--|--|--|--|
| DP ID: | Client ID: |  |  |  |  |  |  |
|--------|------------|--|--|--|--|--|--|

**Surviving Holder(s) Name(s)**

| First / Sole Holder | Second Holder |
|---------------------|---------------|
|                     |               |

Documents Submitted  
Subject to verification.