

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)

To,
WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
A-1101 Mondeal Heights, Besides Novotel Hotel,
S G Highway, Ahmedabad-380015. Gujarat.

Dear Sir / Madam,

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

DP ID	1	2	0	8	5	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.

	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									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

Letter / Email Format - Intimation of Demise information by the Joint Holder(s) / Nominee(s).

Date:

WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED
A-1101, Mondeal Heights S.G.
Highway Ahmedabad 380015

Dear Sir/Madam,

Sub.: Intimation of demise information.

Ref.: PAN _____ & Folio/Account Number: /Account Number

I/We regret to inform you about the demise having the above PAN / Folio / Account, where I/We is/are the joint holder(s) / registered nominee(s) in the accounts maintained with your organisation / entity. Original downloaded / self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the self attested copy of deceased person for PAN or any other valid ID proof for necessary validation.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication / contacts in this regard and not for updation in KYC records or in any of the accounts.

Details	Joint Holder1 / Nominee1	Joint Holder2/ Nominee2	Nominee3
Name			
PAN			
Relation			
Mobile			
Email			
Address			

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

Signature:

Joint Holder1 / Nominee1	Joint Holder2/ Nominee2	Nominee3

Encl.:

Death certificate – Original downloaded or self-attested copy;

PAN or other ID proof of Deceased person attested by Notifier;

My/our self-attested PAN card copy(ies) or any other self-attested valid ID proof.