

TRANSMISSION REQUEST FORM

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



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

To,
CENTRUM FINVERSE LIMITED
Unit No 1-A, First Floor,
Central Plaza, 166 C.S.T Road, Kalina,
Santacruz (East) Mumbai – 400098

Dear Sir / Madam,

I / We, the joint holder(s) / Successors/ Guardian of the joint holder successor (in case of Minor) request you to **transmit** the balance from:

DP ID									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: -

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

DP ID									Client ID								
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To

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

Depository Participants Seal & Signature