



Anand Rathi Share & Stock Brokers Ltd.
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Processing Office: Plot no CYB-2, Cyber Park, Heavy Industrial Area, Near Jodhpur
 Dairy, Jodhpur 342003 ,Tel No 0291-7105560 E-mail: dp@rathi.com DP ID- 12010600

CIN : U67120MH1991PLC064106

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)

Dear Sir / Madam,

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

Subject to verification.

Depository Participants Seal & Signature

Account Closure Request Form

Application No.				Date	D	D	M	M	Y	Y	Y	Y
Closure Initiated by	BO	DP	CDSL									

(To be filled by the BO (in case of BO-initiated closure). Please fill all the details in **Block Letters** in English)

Dear Sir / Madam,

I / We the Sole Holder / Joint Holders / Guardian (in case of Minor) / Clearing Member request you to close my / our account with you from the date of this application. The details of my/our account are given below:

Account Holder's Details													
DP ID										Client ID	Name of		
the First / Sole Holder													
Name of the Second Holder													
Name of the Third Holder													
Address for Correspondence													
City				State				PIN					
Details of remaining security balances in the account (if any)													
Reasons for Closing the Account													
Balance remaining in the account (if any) to be :													
partly rematerialised and partly transferred.				Rematerialised									
Transferred to another account (Number given below)				Not applicable									
DP ID										Client ID			
Balance present in account for (To be filled by DP, if applicable)				Ear - marked				Pledged					
				Pending for Dematerialisation				Frozen					
				Pending for Rematerialisation				Lock-in					

DECLARATION: In case of Account Closure due to SHIFTING OF ACCOUNT:
 I/We declare and confirm that all the transactions in my/our demat account are true/ authentic.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature *			

*If DP or CDSL initiates account closure, Signature(s) of account holder(s) not required.
 =====(Please Tear Hear)=====

Acknowledgement Receipt

Application No. _____ **Date :-** _____
 We hereby acknowledge the receipt of the your instruction for Closing the following Account subject to verification: -

DP ID								Client ID				
Name of the First / Sole Holder												
Name of the Second Holder												
Name of the Third Holder												
Reason for Closure												

Depository Participant Seal and Signature

- Instructions to Account Holder(s)**
- Submit a duly-filled RRF if the balances are to be rematerialized.
 - Submit a duly-filled Delivery Instruction Slip [DIS] (off market instruction slip) if the balances are to be transferred to another Account. This requirement is not applicable in the case of **"SHIFTING OF ACCOUNT"**

