

**TRANSMISSION-CUM-DEMATERIALIZATION 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,

**KEDIA CAPITAL SERVICES PVT LTD**

**Address:** Office no 1, Tulip Flower Valley, Khadakpada, Kalyan West-421301 Tel: 8069159999  
Investor grievance e-mail: grievance@kediacapital.com

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		Client ID								
DRF No.		Date	D	D	M	M	Y	Y	Y	Y

Sr. No.	Name of the Security	ISIN	Quantity to be transmitted

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

	1	2
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 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 the surviving BO(s):-**

DP ID		Client ID								
<u>DRF Number</u>		Date	D	D	M	M	Y	Y	Y	Y

<b>Surviving Holder(s) Name(s) – (strike out what is not applicable):</b>		
<b>First/Sole Holder</b>	<b>Second Holder</b>	<b>Third Holder</b>
Documents Submitted		

Documents subject to verification.

**Depository Participants Seal & Signature**