TRANSMISSION REQUEST FORM

DELETION OF NAME OF THE DECEASED HOLDER IN JOINT ACCOUNT (In case of death of one / more of the joint holders)

Application No.		Date	D	D	M	M	Y	Y	Y	Y

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

DP Team,
LGT Capital Markets Private Limited**,**
B 201/202 2nd floor, Kanakia Wallstreet,
Chakala MIDC, Mumbai- 400093

Dear Sir / Madam,

I/We, the undersigned, being the surviving holder(s) in the joint demat account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order of names and update the details in the account, as per details given below:

DP ID									**Client ID**								

A. Account holders details

Address and Bank Details [Dividend Bank Details] (To be filled if the first demat account holder has deceased)

Details of the Holder	**Name of Joint Account Holder(s)**	**Tick against the holder(s) who has/have deceased**	
First Holder		☐	Provide copy of death certificate duly attested by a Notary Public.
Second Holder		☐	
Third Holder		☐	

*** Address and Bank Details [Dividend Bank Details] (To be filled if the first demat account holder has deceased).**

B. **Correspondence Address and Permanent Address** (if different from Correspondence Address) of first holder (Proof of address document to be submitted). **Please write each combination of names in separate boxes.**

Correspondence Address/Foreign Address							
City		**PIN**		**State**		**Country**	
Permanent Address							
City		**PIN**		**State**		**Country**	

Name of the 1st Holder:	**1st Holder signature**
Name of the 2nd Holder:	**2nd Holder signature**

C. Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)																							
IFS Code (11 character)																							
Account number																							
Account type	☐ Saving		☐ Current		☐ Others (specify) _____																		
Bank Name																							
Branch Name																							
Bank Branch Address																							
City		State				Country	PIN code																

- Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- Photocopy of the Bank Statement having name and address of the BO
- Photocopy of the Passbook having name and address of the BO, (or)
- Letter from the Bank.

  – In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

D. Signature of surviving joint holder(s)

	First / Sole Holder	Second Holder
Name(s) of the surviving holder(s)		
Signature(s) of the demat account holder [s] / surviving holder(s		

========== (Please tear here) ==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge the receipt of the following instructions for deletion of deceased holder's name from the demat account on account of death:

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