## ARYAMAN CAPITAL MARKETS LTD

Regd. Office:60,Khatau Building ,Ground Floor,Alkesh Dinesh Modi Marg, Fort, Mumbai - 400 001 Corporate Office: 718/A , P . J. Tower, Dalal Street, Fort , MUMBAI - 400 001

Tel No.: 2222721104/05 Email: <a href="mailto:aryacapm.ig@gmail.com">aryacapm.ig@gmail.com</a>, Depository Participant: 12086100,



## TRANSMISSION REQUEST FORM

(In case of death of the sole holder)
(Please fill all the details in **Block Letters**English)

To,

## **AryamanCapital Market Ltd**

Dear Sir / Madam,

## **PART – I : (where nomination is recorded)**

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of Minor) request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

		, ca. 5 , a .		ou oo.	.,		000													
Name of the de		eased BO																		
DP ID								Clie	ent II	D										
Kindly transmit		s in the de	ecease	d BO's a	ccou	nt m	entio	oned	abo	ve t	o the	e BO	acco	ount	ment	ione	d bel	low.[	Detail	s of
Sr. No	Name of the Successor (s)				DP ID							Client ID								

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

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor), if the space above is insufficient.

(Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor)

	Nominee(1) Successor/Guardian ofsuccessor/Nominee	Nominee(2) Successor/Guardian ofsuccessor/Nominee	Nominee(3) Successor/Guardian of successor/Nominee
Name			
Signature			