

## **NJ India Invest Private Limited**

DP of Central Depository Services (India) Limited
Block No. 901 & 902, 6th Floor, 'B' Tower, Udhna Udyog Nagar Sangh Commercial Complex, Central Road No. 10, Udhna, Surat - 394 210, Gujarat, India
BSE - SEBI Registration No: INB011360535 NSE - SEBI Registration No: INB231360539 CSDL - SEBI Registration No: IN-DP-14-2015 Contact No.: 0261 3985500 Email: dpservices@njgroup.in Website: www.njgroup.in



## **Transmission - Cum - Dematerialization Form**

(In Case of Death of One / More of the Joint Holders)

Application No.			Date: DDMMYYYYY	
(Please fill all the details in Block Letters	s in English)		3 4.5.	
To,	o in Englishly			
NJ Indialnvest Pvt. Ltd., 8th Floor, B Tower, Udhna Udyog Nagar	r Sangh Commercial Complex, Cen	tral Road No.10. Udhna,	Surat-394210, Gujarat, India.	
Dear Sir / Madam,				
I/We, the surviving joint holder(s) reque by me/us jointly with Mr./Mrs,/Ms	est you to dematerialize the enclose	d securities in our accour , who has e	nt as per details given below. The securities were held xpired.	
The Original Death Certificate / a copapplicable), is attached herewith, along			er seal by a Gazetted Officer (strike out what is not ates listed below.	
I/We request you to advise the Issuer/R	TA to process the demat request ar	nd credit the securities to	the demat account mentioned below:	
Demat Account Number Of S	Surviving Bos:			
DP ID: 1 2 0 6 4 2 0 0			Client ID:	
DRF No.:			Date:	
Sr. No. Name of th	a Security	ISIN	Quantity to be transmitted	
or the state of the	o occurry	IOIIV	Quantity to be transmitted	
				$\dashv$
				$\dashv$
				$\dashv$
the are more ISINs to be dematerialized,	attach an Annexure, duly signed by	the account holders		
	1		2	
Name(s) of the surviving holder(s)	1		2	
Name(s) of the surviving holder(s) Signature(s) of the surviving holder(s)	1		2	
		) Toor Horo)	2	
	(Please	e Tear Here) ———ement Receipt	2	
	(Please	,	Date: DDMMYYYY	
Signature(s) of the surviving holder(s)	(Please Acknowledg	ement Receipt	Date: DDMMYYYY	
Signature(s) of the surviving holder(s)  Application No.	(Please Acknowledg	ement Receipt	Date: DDMMYYYY	
Signature(s) of the surviving holder(s)  Application No.  We hereby acknowledge the receipt of the surviving holder(s)	(Please Acknowledg	ement Receipt	Date: DDMMYYYYY to verification:	
Signature(s) of the surviving holder(s)  Application No.  We hereby acknowledge the receipt of t  DP ID: 1 2 0 6 4 2 0 0	(Please Acknowledg	ement Receipt  Dillowing Account subject	Date: D M M Y Y Y Y to verification: Client ID:	
Application No.  We hereby acknowledge the receipt of t DP ID: 1 2 0 6 4 2 0 0  DRF No.:  Surviving Holder(s) Name(s)	Acknowledg  he your instruction for Closing the formula of the control of the con	ement Receipt  Dillowing Account subject	Date: D D M M Y Y Y Y  to verification:  Client ID: Date: D D M M Y Y Y Y	
Signature(s) of the surviving holder(s)  Application No.  We hereby acknowledge the receipt of t  DP ID: 1 2 0 6 4 2 0 0  DRF No.:	Acknowledg  he your instruction for Closing the formula of the control of the con	ement Receipt  Dillowing Account subject	Date: D M M Y Y Y Y to verification: Client ID:	
Application No.  We hereby acknowledge the receipt of t DP ID: 1 2 0 6 4 2 0 0  DRF No.:  Surviving Holder(s) Name(s)	Acknowledg  he your instruction for Closing the formula of the control of the con	ement Receipt  Dillowing Account subject	Date: D D M M Y Y Y Y  to verification:  Client ID: Date: D D M M Y Y Y Y	
Application No.  We hereby acknowledge the receipt of t DP ID: 1 2 0 6 4 2 0 0  DRF No.:  Surviving Holder(s) Name(s) -  First / Sole Holder	Acknowledg  he your instruction for Closing the formula of the control of the con	ement Receipt  Dillowing Account subject	Date: D D M M Y Y Y Y  to verification:  Client ID: Date: D D M M Y Y Y Y	