

## NSDL - TRANSMISSION FORM - JOINT HOLDER

То	<b>O</b> ,			Branch Code :	
De LB	S Marg, Cl	LIMITED ervices, Empire Plaza I, 4 <sup>th</sup> Floor, nandan Nagar, , Mumbai – 400083		Date :	
l.	I/We, the undersigned, being the Joint Holder(s) of Mr./Mrs./Ms				
	and Mr./Mrs./Ms				
	the deceased hereby request you to register me/us as the beneficial owner(s) in respect of the securities standing in the name of the said deceased under Client ID				
l.	I/We give hereunder the details of my/our account with a Participant to which the security balances are requested to be transmitted:				
	Sr No	Name of Surviving Joint Holder (	s) Client	ID DP ID	
•	Original death certificate or Copy of death certificate attested by the Joint Holder(s) subject to verification with the original or copy of death certificate duly attested by a notary public or by a gazetted officer or death certificate downloaded from the online portal of Government carrying digital/facsimile signature of the issuing authority;  Client Master Report of the Target account duly signed and stamped/ electronic copy of Client Master Report digitally signed by the Participant; in case the account of the Joint Holder(s) is not with the HDFC Bank Limited.				
	Sr No	Name of Surviving Joint Holder(s	) Signate	ure of Surviving Joint Holder(s	
		Acknowledge the receipt of your reques erification)	owledgement t for transmission i	in following demat account	