



**Abhipra Capital Limited**  
 Abhipra Complex, A-387, Dilkhush Industrial Area  
 G.T. Karnal Road, Azadpur, Delhi-110033  
 Phone No.: 91-11-52390909 Fax: 91-11-52390830

**ANNEXURE O  
 TRANSMISSION FORM**

Date

**To**  
**ABHIPRA CAPITAL LIMITED**  
 Abhipra Complex, A-387, Dilkhush Industrial Area  
 G.T. Karnal Road, Azadpur,  
 Delhi-110033.

I/We, the undersigned, being the

Executor(s) of the Will  legal heir(s)   
 Administrator(s) of the Estate  Joint holder(s)   
 Successor(s) to the Estate

of Mr./Mrs./Ms. \_\_\_\_\_, the deceased, of which probate/ letter of administration/ succession certificate was duly granted to me/us on the \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_ 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 \_\_\_\_\_ DP Id \_\_\_\_\_, the details of which are as follows:

ISIN	Name of Company	No of securities

I/We give hereunder the details of my/ our account with a Participant to which the security balances is requested to be transmitted.

Name	Client-ID	DP-ID

I/We hereby submit the following documents to support my claim for the said securities.

Death Certificate  Indemnity   
 Succession Certificate  Affidavit   
 Probate of the Will  Letter of Surety   
 Letter of Administration  No objection cer

Signature (x) \_\_\_\_\_ Signature (x) \_\_\_\_\_ Signature (x) \_\_\_\_\_

Note :  
 This request form should be signed by the surviving joint holder(s)/ legal heir (s)/ legal representative(s), as the case may be.

(x) indicates Signature