

TRANSMISSION-CUM-DEMATERIALIZATION FORM

(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**)

To,

Krishna Multifarious Consultancy Pvt.Ltd.
Jay Vijay Road, Opp. Mahavir Complex,
Unjha-384170. Gujarat

Dear Sir / Madam,

I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were held by me/us jointly with Mr./Mrs./Ms. _____ who has expired.

The **Original Death Certificate** / a **copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificates listed below.

I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:

DEMAT ACCOUNT NUMBER of surviving BOs:

| | | | | | | | | | | | | | | | | |
|---------|--|--|--|--|--|--|--|-----------|---|---|---|---|---|---|---|---|
| DP ID | | | | | | | | Client ID | | | | | | | | |
| DRF No. | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y |

| Sr. No. | Name of the Security | ISIN | Quantity to be transmitted |
|----------------|-----------------------------|-------------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

If there are more ISINs to be dematerialized, attach an Annexure, duly signed by the account holders

| | 1 | 2 |
|--|----------|----------|
| Name(s) of the surviving holder(s) | | |
| Signature(s) of the surviving holder(s) | | |

Depository Participants Seal & Signature