

New Berry Capitals Pvt. Ltd
(DP ID NO.12058900) (SEBI Regn. No. IN-DP-CDSL-703-2013)
Regd Office: A-602, Marathon NextGen Innova, Ganpatrao Kadam Marg, Lower Parel West, Mumbai -400013
Admin Office: A-602, Marathon NextGen Innova, Ganpatrao Kadam Marg, Lower Parel West, Mumbai - 400013
Tel No - 022 30508442



## TRANSMISSION-CUM-DEMATERIALIZATION FORM

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Applicati									Date		D	D	N	1 N	1 Y	Υ	Υ	Υ	
(Please fill all the details in <b>Block Letters</b> in <b>English</b> )																			
To, Depository Participant Name																			
Addres		-																	
Dear Si	ir / Madam,																		
	he surviving												n our	acco	unt as	s per	deta	ils giver	
	The securit							lr./Mr	s,/Ms					-					
Gazett	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														rcount					
mentioned below:																			
DEMAT	T ACCOUN	T NUMB	ER of	survi	ving l	BOs:													
DP ID			<u> </u>						Client	ID	Ţ	Ţ	Ι						
DRF No.									Date		D	D	M	M	Υ	Υ	Υ	Υ	
Sr. No.		curity	y					Quantity to be transmitted											
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									<u> </u>		1							$\dashv$	
If the a	re more ISI	Ns to be	demat	erializ	ed, at	tach	an Ar	nexu	ire, duly	signed b	y the	acco	unt h	older	s				
						1						2							
	Name(s) of the su																		
	Signature(s) of the surviving holder(s)																		
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										eceipt									
Application No.						<b>.</b>					D	Date: -							
	eby acknowl the Transm									ansmissio	n-cur	m-der	natei	ializa	tion,	as pe	er th€	e detail	
Demat	Account nu	umhar c	f the	curvi	vina I	¤∩(¢	۸۰,												
DP ID	ACCOUNT	ATTIDET 0	Tures	sui vi	Jing .	<u>30(s</u>	<del>)</del>		Client	ID	Ī	l				$\neg$	$\neg$		
DRF Numb	<u>ber</u>								Date		D	D	М	М	Υ	Υ	Υ	Υ	
Survivino	a Holder(s	\ Name	(e) _ (	etrik:	e out	wha	t is n	ot au	nnlicat	امار									
						Second Holder					Third Holder								
First/Sole Holder						Second Holder						milia noidel							
Documents Submitted																			

Documents subject to verification.