BCB Brokerage Private Limited

CIN-U67120MH2000PTC129742
SEBI Registration No. IN-DP-CDSL-05-99
Regd. Off. : 1207-A, P. J. Towers, Dalal Street, Fort, Mumbai-400 001.
Tel No. 022-22720000 Web: www.bcbbrokerage.com
Compliance Officer: Manish Mourya Email id – complianceofficer@bcbbrokerage.com
Email ID for Investor grievance: investorgrievance@bcbbrokerage.com

TRANSMISSION REQUEST FORM

(In case of death of one / more of the joint holders)
(Updated as per CDSL Operating Instructions as on December, 2024)

Date		Application No.	

(Please fill all the details in **Block Letters** in English)

To,
BCB Brokerage Private Limited
Add: 1207A, P.J. Towers, Dalal Street, Fort, Mumbai – 400001

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID									Client ID								
To																	
DP ID									Client ID								

Due to the death of _____ (Name of the deceased account holder(s)).
Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	**Second Holder**
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

==========(Please tear here)==========

Acknowledgement Receipt

Application No.		Date	

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID									Client ID								
To																	
DP ID									Client ID								

Surviving Holder(s) Name(s)	
Sole / First Applicant	Second Applicant
Documents Submitted	

Subject to verification
For BCB Brokerage Private Limited (DP ID 12010400/ 01)

(Authorised Signatory)
Name:
Designation and Employee ID:
Place: **Date:**