	DPM Instruction No.		
		FORM - 30 TRAN	NSMISSION FORM
		Date D D	
To,			
SOUTH GUJAR	AT SHARES AND SHAF ELGIUM CHAMBERS OF LIRAT-395003	REBOKERS LIMITED PP LINEAR BUS STOP	P ID :- IN300425
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	ne undersigned, being t		
Executor(s) of the Will	Administrator(s) the Estate	` '	
Legal heir(s)	Joint holder(s)	the Estate Nominee	
Legal Hell(8)	Joint Holder(s)	Nonlinee	
of Mr./Mrs./	Ma		
of Mr./Mrs./ Mr./Mrs./Ms.			
Mr./Mrs./Ms.			
		of administration / success	
		day of of ne beneficial owner(s) in r	
		ased under Client ID	
DP ID IN3004		ised under Chefit ID	
	- 9	of	Dantiain ant to which
	alances are requested	of my/our account with a to be transmitted:	rarticipant to winch
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11	******	Client ID	DP ID
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(Client Master	to be attached)		
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(Client Master  (3) List of Doo  A For survivi	to be attached) cuments enclosed (for ng holder(s) in a joint ac	Individual accounts) (tick (	√) as applicable):
(Client Master (3) List of Doc A For survivi Cop	to be attached) cuments enclosed (for ng holder(s) in a joint ac y of Death Certificate dul	Individual accounts) (tick (	√) as applicable):
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		Report of the account		t with the Participant, copy of Client Master		
		Succession certifica				
		Letter of Administra				
		Probate of the Will				
Decla	aratic	on:				
plical	ole or	nly for legal heir(s)/l	legal representativ	e(s) where deceased was a sole holder an	ıd no	
ninatio	on in	the account - Value	of holding not exc	eeding Rs. 5 Lakh on the date of applicat	ion)	
decla	re th	at the below mention	ned person(s) are th	e only legal heir(s) of the deceased and t	here are	
				ome/all of them are claimants and some		
				her legal heir(s). Details are given below		
		ne of the legal heir(s)	Specify whether a	Specify whether a claimant or given a No Objection Certificate		
				Sign of the cont		
Signa Sr. 1		es: Name of claimant		Signature of claimant		
Sr. N				Signature of claimant		
				Signature of claimant		
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Sr. N  1  2  3	No.	Name of claimant	signed by the survivin	Signature of claimant  g joint holder(s)/ legal heir(s) /legal representa	ative(s)/	
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