

TRANSMISSION-CUM-DEMATERIALIZATION FORM (In case of death of one / more of the joint holders)

| Sr. No. | Name of the Security | | | | | ISIN | | | | | Quantity to be transmitted | | | | | |
|--|----------------------|-------------------|----------|--------|---------------|------------|--------------|--------|-------|-------|----------------------------|--------|--------|---------|--------|--|
| | | | | | | | | | | | | | | | | |
| DRF No. | • | • | • | | • | Date | | D | D | M | M | Υ | Υ | Υ | Υ | |
| DP ID | | | | | | Client ID | | | | | | | | | | |
| (DP ID - 1208670 | 0, 1209 | 95000) | | | | | | | | | | | | | | |
| DEMAT ACCOU | וא דאנ | UMBE | R of su | ırvivi | ing BOs | 5: | | | | | | | | | | |
| demat account r | mentio | ned be | low: | | | | | | | | | | | | | |
| I/We request yo | | | | er/R | ΓA to pr | ocess the | dema | it req | uest | and | credit | the | secur | ities t | o the | |
| The Original Do seal by a Gaze filled and signed | etted (| Office | (strike | out | what is | not applic | able) | , is a | - | | | | | | | |
| The Original D | 4b C | · | /- | | | | : <i>e</i> : | | • | | | | | | | |
| I/We, the surviv per details g | | | | | curities | | neld | by | me/ | 'us | | y v | vith M | | s,/Ms | |
| I/Mo the curviv | ina ioi | nt hole | lor(c) r | oguo | st vou t | o domatori | محنادة | tho (| ancla | cod c | ocuri | tios i | n our | 2000 | unt ac | |
| Dear Sir / Madar | n, | | | | | | | | | | | | | | | |
| Mumbai, Mahara | shtra · | - 4000 | 42 | | | | | | | | | | | | | |
| I Think Techno of Op Crompton Gr | | _ | • | | • | | | | | | | | | | | |
| HDFC Securitie | | - | مطمله | Поо | 0 | | | | | | | | | | | |
| То, | | | | | | | | | | | | | | | | |
| (Please fill all the | e detai | ls in B l | ock Le | etter | s in Eng | glish) | | | | | | | | | | |
| Application No. | | | | | | Date | | D | D M | 1 M | Υ | Υ | Υ | / | | |
| A | | | | | | Б.1. | | _ | D . | 4 1.4 | 1/ | 1/ | \/ \ | , | | |

If the 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) | | |

Acknowledgement Receipt

Application No. Date: -

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from:

Demat Account number of the surviving BO(s):-

| DP ID | | | | | Client ID | | | | | | | | |
|------------|--|--|--|--|-----------|---|---|---|---|---|---|---|---|
| DRF Number | | | | | Date | D | D | M | M | Υ | Υ | Υ | Υ |

| Surviving Holder(s) Name(s) — (strike out what is not applicable): | | | | | | | | | |
|--|---------------|--------------|--|--|--|--|--|--|--|
| First/Sole Holder | Second Holder | Third Holder | | | | | | | |
| | | | | | | | | | |
| Documents Submitted | | | | | | | | | |
| | | | | | | | | | |

Documents subject to verification.

Depository Participants Seal & Signature