

SHRIRAM INSIGHT SHARE BROKERS LTD.

Admin. Office : CK-5 & 6, Sector-II, Salt Lake City, Kolkata - 700 091
Tel : (033) 2358-7188/8258/7691, Fax : 2321-8429, SISBL CIN : U67120TN1995PLC031813

Regd. Office : Shriram House, No. 4, Burkit Road, T. Nagar, Chennai - 600 017, Phone (044) 4905 2500
DPID : 12038400, CDSL (SEBI Regn. No. : IN-DP-19-2015), NSDL (SEBI Regn No. :IN-DP-NSDL-311-2009)
SEBI Regn. No.: INZ000216238 -Member, NSE (Equity, Equity Derivative, Currency Derivative), BSE (Equity)

Annexure 7.1

TRANSMISSION REQUEST FORM (In case of death of the sole holder)

| | | | | | | | | | |
|-----------------|------|---|---|---|---|---|---|---|---|
| Application No. | Date | D | D | M | M | Y | Y | Y | Y |
|-----------------|------|---|---|---|---|---|---|---|---|

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

To,

SHRIRAM INSIGHT SHARE BROKERS LTD.

CK-5 & 6, Sector-II, Salt Lake City, Kolkata - 700 091

Dear Sir / Madam,

I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case of the claimant is a Minor- Date of Birth of the minor*) Relationship with the minor request you to transmit the following securities due to the death of the sole account holder. Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

*Please attach relevant proof

Name of the deceased BO:

Account Number of the deceased BO:

| | |
|----------------------------------|-----------|
| DP ID | Client ID |
| Date of the Deceased Sole Holder | |

Kindly transmit all securities in the deceased BO's account mentioned above to the BO account mentioned below.

Details of the Successor (s)

| Sr. No. | Name of the Successor (s)/Nominee / Legal Heir/Successor to the Estate of the deceased / Administrator of the Estate of the deceased | DP ID | Client ID |
|---------|--|-------|-----------|
| | | | |
| | | | |
| | | | |

Details of Transmission

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

Attach an annexure duly signed by the Nominee(s)/ Successor / Guardian of the successor or nominee(s) (in case of Minor), if the space above is insufficient. (Nominees / Successor / Guardian of successor or nominee(s) (in case of Minor)

| | Nominee (1) Successor/Guardian of successor/Nominee | Nominee (2) Successor/Guardian of successor/Nominee | Nominee (3) Successor/Guardian of successor/Nominee |
|-----------|---|---|---|
| Name | | | |
| Signature | | | |

----- (Please tear here) -----
Acknowledgement Receipt

Application No.

Date: -

We hereby acknowledge receipt of the instructions for transmission of securities from the deceased BO's account to the account of the Nominee(s) / Successor / Guardian of the successor or nominee(s) (in case of Minor), as per details given on the transmission form.

Account number of the deceased BO

| | |
|-------|-----------|
| DP ID | Client ID |
|-------|-----------|

| Successor BO Name(s) | | |
|----------------------|---------------|--------------|
| First/Sole Holder | Second Holder | Third Holder |
| | | |
| Documents Submitted | | |

Subject to verification.

Depository Participants Seal & Signature