TRANSMISSION REQUEST FORM

(In case of death of the sole holder)

| Application No. | | | | Date | D | D | M | М | Υ | Υ | Υ | Y |
|--|---|--------------------------------|-------|-----------|---|------|-------|---|---|---|---|---|
| (Please fill all the | details in Block Le t | tters in English | ٦) | | | | | | | | | |
| To, Axiom Share B 1305-A, "A" Wi Futurex, N.M.J Lower Parel M | ing, Marathon oshi, Marg, | | | | | | | | | | | |
| Dear Sir / Madan | ٦, | | | | | | | | | | | |
| I/we, Nominee(s) / Successor/ Guardian of the successor or nominee(s) (in case *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 | 1 2 0 | 6 6 1 | 0 0 | Client ID | | | | | | | | |
| Date of the De | ceased 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 (s)/Nominee Heir/Successor Estate of the de Administrator of of the deceased | / Legal to the eceased / | DP ID | | | Clie | ent I | D | | | | |

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

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