

**TRANSMISSION REQUEST FORM**

**DELETION OF NAME OF THE DECEASED HOLDER IN JOINT ACCOUNT (In case of death of one / more of the joint holders)**

|                 |  |      |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------|--|------|--|--|--|--|--|--|--|--|--|--|--|--|
| Application No. |  | Date |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------|--|------|--|--|--|--|--|--|--|--|--|--|--|--|

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

To,  
**Incred Capital Wealth Portfolio Managers Pvt Ltd.**  
**3<sup>rd</sup> Flr, B wing, Kaledonia Building, Sahar Road,**  
**Andheri East Mumbai 400069**

Dear Sir / Madam,

I/We, the undersigned, being the surviving holder(s) in the joint demat account, hereby request you to delete the name of the deceased account holder(s), and continue to maintain the account in the sole or joint surviving names in the same order of names and update the details in the account, as per details given below:

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

**a. Account holders details**

| Details of the Holder | Name of Joint Account Holder(s) | Tick against the holder(s) who has/have deceased | Provide copy of death certificate duly attested by a Notary Public. |
|-----------------------|---------------------------------|--|---|
| First Holder          |                                 | <input type="checkbox"/>                         |   |
| Second Holder         |                                 | <input type="checkbox"/>                         |   |
| Third Holder          |                                 | <input type="checkbox"/>                         |   |

**Address and Bank Details** [Dividend Bank Details] (To be filled if the first demat account holder has deceased)

**b. Correspondence Address and Permanent Address** (if different from Correspondence Address) **of first holder** (Proof of address document to be submitted). Please write each combination of names in separate boxes.

|   |  |            |  |              |  |                |  |
|---|--|------------|--|--------------|--|----------------|--|
| <b>Correspondence Address/Foreign Address</b> |  |            |  |              |  |                |  |
|   |  |            |  |              |  |                |  |
| <b>City</b>                                   |  | <b>PIN</b> |  | <b>State</b> |  | <b>Country</b> |  |
| <b>Permanent Address</b>                      |  |            |  |              |  |                |  |
|   |  |            |  |              |  |                |  |
| <b>City</b>                                   |  | <b>PIN</b> |  | <b>State</b> |  | <b>Country</b> |  |

**c. Bank Details [Dividend Bank Details]**

|                               |  |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|
| Bank Code (9 digit MICR code) |  |  |  |  |  |  |  |  |  |
| IFS Code (11 character)       |  |  |  |  |  |  |  |  |  |
| Account number                |  |  |  |  |  |  |  |  |  |

