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	se fill all the	e detai	ls in I	Bloci	k Le	tters	in En	nglish	1)								<u> </u>			<u> </u>				
To, F	ORTUNE Kochar 1 LSt Cross Ambattur	E CAP Fechn S Road	ITAI olog	L SE Jy Pa mba	RVI ark" ttur	CES 6 th		-		_IM 1-A ate.	ITE	D												
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Sr. N			` ,	the	Suc	cess	or (s))	DI	P II	D				Client ID									
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Deta	ils of Trar	nsmiss	ion																					
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Sr. No Attack Minor	n an annes	Name	uly si ove is	gned s insu ardia No	l by ufficient	the I	essor	or no		nee((s) (ii N Icces	r / G	uard e of l	Mino (2) Irdia	r) ın (ssor	or no	ominor/G	ee(s)	ed) (iii	n cas	se of
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2. I/We do not desire to make any claim of title of the said securities and have no objection

whatsoever in transmitting the said securities in the name(s) of Mr. / Mrs. who has/have opened a beneficial owner account(s) under Client ID_and DP ID_.

3.	In conside	In consideration of registration of the aforesaid securities in the client account of Mr / Mrs. under DP IDClient IDat my request, I/We hereby													
		all my/our rights of the aforesaid secu	existing as well as												
Sig	gned in the	e presence of													
	Bank Ma	nador			Signat	ure of th	no log	ıal be	Nir.						
_					Signat	uie oi ti	ic icg	ai iic	,111						
Fu	II Name ai	nd Address of Bai	nk Manager:												
	me dress	<u> </u>		<u></u>											
Au	ui coo														
On the	ly one Trar e deceased	egal heirs/succe nsmission Request I I BO for the trai ors are collectively s	Form is to be subnormission of sections	nitted by clain	nants/noi	n-claiman									
==		========	=====(Please to Acknowledgeme		=====	=====	====	===:	=						
App	plication No.		Ackilowiedgeine	ent Receipt	Date: -										
acc		owledge receipt of the inominee(s) / Successor / on form.													
	ount number o	of the deceased BO		Client ID											
_	Successor BO) Name(s)		1 00					_ _						
Ĺ		/Sole Holder	Second H	older		Third Ho	lder								
Ī	Documents Su	bmitted	I												
Sub	ject to verifica	ation.													
D	epository Pa	articipants Seal & Sign	nature												
		,													

TRANSMISSION REQUEST FORM (In case of death of one / more of the joint holders)

Application (Please fill	n No. all the deta	ils in	Bloc	k Let	ters	in				Date				T				
English)To FOR "Koo 1St (Amb	TUNE CAI har Tech Cross Roa pattur, Ch	PITA nolo ad, A enna	L SE gy P Imba ai - 6	RVI ark" attur 6000	CES 6 th f Indi 58	PRI' floor ustri	VATI , SP al Es	E LII 31- state	MITE A, e.	D								
Dear Sir /	Madam,																	
I / We, the	e joint holde	er(s) /	Succ	essor	s req	uest	you to	o tra	nsmi	t the securities	balanc	e fror	n:					
DP ID										Client ID								
То																		
DP ID										Client ID								
										(Name of the otarized / atte							Offic	er) is
								First	: / So	le Holder		Sec	cond	Hole	der			
	Name(s)	of the	surv	ving	holde	r(s)												
	Signature holder(s	(s) of	the s	urviv	ing													
======		===	==:	===:	===		_			nere)==== ent Receipt		:=== te: -	==:	===	===	===	==:	==
We hereby	acknowled	ge th	e rec	eipt o	f the	follov	ving i	nstru	ctions	for transmission	n fron	ո:						
DP ID										Client ID								
То																		
DP ID										Client ID								
Survivi	ng Holder((s) N	ame((s)														
First/Sole Holder											S	econ	d Ho	lder				
Docume	ents Submitt	ed																

Subject to verification.