Chandrakala Broking Services Pvt. Ltd.

Ensuring Trustworthy Services

MEMBER: BSE NSE LTD

CIN: U67120RJ2011PTC034909

GST: 08AAECC4088M1Z7

Reg. Off: New Lane, Choraria Chowk, Gangashahar, Bikaner - 334401

Date: _____

Due Diligence Report for reporting Demise/Death of KYC holder to KRA

Ref.: Deceased person PAN:_____

We have received a demise intimation from joint account holder(s)/nominee(s)/legal representative/family member ('**Notifier**(s)'). We have examined the documents submitted and have prepared following due diligence report for demise intimation tothe KRA system :

1. VerificationofthedetailsprovidedintheDeathCertificateastickedbelow:

   - ☐ DeathCertificateverifiedonline.
   - ☐ DeathCertificateverifiedoffline.
   - ☐ ValidationReportfromISCofStockExchange/Depositoryattached.
   - ☐ DeathCertificatenotprovided.

2. Otherdetailsareasfollows:-

Sr.No	Details	Description
1	NameoftheDeceasedPerson:	
2	PANoftheDeceasedPerson:	
3	Notifier:	☐JointHolder(s) ☐RegisteredNominee(s) ☐LegalHeir(s) ☐Other:
4	NotifierName:	
5	NotifierRelationtodeceasedperson:	
6	NotifierPAN:	
7	NotifierMobilenumber:	
8	NotifierEmailId:	
9	NotifierAddress:	
10	OtherInformation:	

Thankingyou,

For Intermediary Name Sd/-

NameofOfficial: Signature&Seal

Letter/Email Format-Intimation of Demise information by the JointHolder(s) / Nominee(s).

Date:

Chandrakala Broking Services Pvt.Ltd.

Choraria Chowk New Lane Gangashahar,
Bikaner,Rajasthan 334401

Sub.:Intimation of demise information.

Ref.:PAN _____&Folio/AccountNumber:/AccountNumber

I/We regret to inform you about the demise having the above PAN / Folio / Account, where I/We is/are the joint holder(s) / registered nominee(s) in the accounts maintained with your organization / entity. Original downloaded / self-attested copy of the Death Certificate is attached for your kind action. I/We am/are enclosing the self attested copy of deceased person for PAN or any other valid ID proof for necessary validation.

Please let us know the procedure and documentation requirements to transmit the units in my/our favour. Also, note my/our contact details for necessary communication /contacts in this regard and not for updation in KYC records or in any of the accounts.

Details	JointHolder1/Nominee1	JointHolder2/Nominee2	Nominee3
Name			
PAN			
Relation			
Mobile			
Email			
Address			

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/ our knowledge and belief. Incase any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements. I/We hereby authorize you to disclose, share, rely, remit in any form, mode, or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the KYC Registration Agency(ies) for necessary action.

Signature:

JointHolder1/Nominee1	JointHolder2/Nominee2	Nominee3

Encl.:
Death certificate – Original downloaded or self-attested copy;
PAN or other ID proof of Deceased person attested by Notifier;
My/ourself-attested PANcard copy(ies)or any otherself-attested valid ID proof.

TRANSMISSION REQUEST FORM

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

Application No.		Date	D	D	M	M	Y	Y	Y	Y

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

To,

Chandrakala Broking Services Pvt.Ltd.
Choraria Chowk New Lane Gangashahar,
Bikaner,Rajasthan 334401

Dear Sir / Madam,

I / We, the joint holder(s) / Successors request you to **transmit** the securities balance from:

DP ID									Client ID								

To

DP ID									Client ID								

Due to the death of ----------(Name of the deceased account holder(s)).

Original Death Certificate / copy of Death Certificate (duly notarized / attested under seal by a Gazetted Officer) is attached herewith.

	First / Sole Holder	**Second Holder**
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s		

==========(Please tear here)==========

Acknowledgement Receipt

Application No. **Date: -**

We hereby acknowledge the receipt of the following instructions for transmission from:

DP ID									Client ID								

To

DP ID									Client ID								

Surviving Holder(s) Name(s)	
First/Sole Holder	**Second Holder**
Documents Submitted	

Subject to verification.

Depository Participants Seal & Signature