

Chandrakala Broking Services Pvt. Ltd.

Ensuring Trustworthy Services MEMBER: BSE NSE LTD

CIN: U67120RJ2011PTC034909

GST: 08AAECC4088M1Z7

Make Only Logical Investments	Reg. Off: New Lane, Choraria Chowk, Gangashahar, Bikaner - 33440
	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 to the KRA system:

- 1. Verification of the details provided in the Death Certificate asticked below:
 - DeathCertificateverifiedonline.
 - DeathCertificateverifiedoffline.
 - □ ValidationReportfromISCofStockExchange/Depositoryattached.
 - □ DeathCertificatenotprovided.

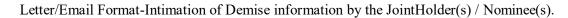
2. Otherdetailsareasfollows:-

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





Date:

Chandrakala	Broking	Services	Pvt.L	td
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Choraria Chowk New Lane Gangashahar.

	Sub.	:Intimati	ion of demise information.								
Ref.:PA	N	&Folio/AccountNumber:/AccountNumber									
I/We is/are the organization / e attached for you	joint holder(s) / reentity. Original do	egistered wnloaded am/are e	e having the above PAN / nominee(s) in the account / self-attested copy of the enclosing the self attested cossary validation.	s maintained with your he Death Certificate is							
my/our favour.	Also, note my/our c	ontact de	umentation requirements tails for necessary communor in any of the accounts.								
Details	JointHolder1/Nom	inee1	JointHolder2/Nominee2	Nominee3							
Name				110111111000							
PAN											
Relation											
Mobile											
Email											
Address											
best of my/ our l be false or untru for it for any fi I/We hereby aut of the information when provided by	knowledge and beline or misleading or misleading or mes or consequence thorize you to discloton provided by me	ef. Incase misrepres es as req ose, share, , includir	ormation provided above is any of the above specified enting, I/We am/are aware uired under the respective rely, remit in any form, many ag all changes, updates to say	information is found to that I/We may be liable statutory requirements. ode, or manner, all / any such information as and							
Signature:											

JointHolder2/Nominee2

Nominee3

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.

JointHolder1/Nominee1



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 I	No.							Date		D	D	М	М	YY	Υ	Υ	
(Please fill all the details in Block Letters in English)																	
To, Chandrakala Broking Services Pvt.Ltd. Choraria Chowk New Lane Gangashaha Bikaner,Rajasthan 334401																	
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									
														e hold ased	er(s)	who	
First Holder														Pro		copy of	
Second Hold	er													duly	death certificate duly attested by		
Third Holder													a iv	a Notary Public.			
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.																	
Corresponde	nce A	Addre	ss/Fo	reign	Addre	ess											
City						PIN			Stat	е			(Country	'		
Permanent A	Addre	SS			ı		1						ı				
City						PIN			Stat	e			(Country	'		
C. Bank D	etails	s [Div	/idend	l Bank	Deta	nils]				•			•		•		
Bank Code (9			code)							ı		\Box					
IFS Code (11 Account numb		ler)															
										_	_			•		_	



Account	t type	□ Savin	g 🗖	Current	Others (speci	fy)			
Bank Na	ame								
Branch Name									
Bank Branch Address									
City		State			Country	PIN code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

d. Signature of surviving joint holder(s)

								First	/ Sol	le Holder						
	Name(s) of the surviving holder(s)															
	Signature(s) of the demat account holder [s] / surviving holder(s															
======================================																
	Acknowledgement Receipt															
Applicati	on No.										Dat	e: -				
	We hereby acknowledge the receipt of the following instructions for deletion of deceased holder's name from the demat account on account of death:															
DP ID										Client ID						
То																
DP ID										Client ID						
Survivi	ng Holder(s	.) N:	ama/	<u>د)</u>												
Survivi			•		der						Se	cond	Hol	der		
	First/Sole Holder															

Subject to verification.

Documents Submitted

Depository Participants Seal & Signature