FORM 30 -TRANSMISSION FORM

	<u>1 ORF-1 50</u>	1101110111001011	Date		vv
Head Office, Urban	an Co-Operative Bank Limited (Mul a Bank Road, Highway, Mehsana, G a D551 Email ID : demat@mucbank	ujarat - 384002	d Bank)	DP ID - IN304166	1 1 1
(1) I/We, the und	lersigned, being the				
	Executor(s) of the Will		Legal heir(s)		
	Administrator(s) of the Estate		Joint holder(s)		
	Successor(s) to the Estate		Nominee		
	Survivors of HUF				
and Mr./Mrs./ Ms. administration / s	uccession certificate was duly gran	, the deceas	ed, of which *nom the day of	nination / probate/ lette	er of eby
said deceased und	er Client ID DP ID	<u>IN304166</u> .		_	
	ereunder the details of my/our a be transmitted:	ccount with a Pa	rticipant to whic	h the security balance	s are
	Name		Client ID	DP ID	
	nents enclosed (for Individual aco	counts) (tick as a	applicable):		
Copy of	f Death Certificate duly attested by	a Notary Public o	or by a Gazetted Of	ficer.	
B For nominee of	of the deceased:				
Copy of	f Death Certificate duly attested by	a Notary Public o	or by a Gazetted Of	ficer.	
	the account of the claimant is not of the account of the nominee.	with the Participa	nt, copy of Client l	Master	
	s)/legal representative(s) where c ling not exceeding Rs.5 lakh on the			nomination in the accou	ınt
Copy of	f Death Certificate duly attested by	a Notary Public o	or by a Gazetted Of	ficer	
	the account of the claimant is not of the account of the claimant.	with the Participa	nt, copy of Client l	Master	
Indemi	nity (format enclosed)				
Affidav	rit (format enclosed)				
No obje	ection certificate(s) (format enclose	ed)			
Family	Settlement Deed [as an alternate t	o No objection cer	tificate(s)]		

D		heir(s)/Legal representative(s) where deceased very following was Rs. 5 lakh or more on the date of app	was a sole holder and no nomination in the account olication				
	Copy of death Certificate duly attested by a Notary Public or by a Gazetted Officer						
	In case the account of the claimant is not with the Participant, copy of Client Master Report of the account of the claimant.						
	Su	uccession certificate					
	Letter of Administration						
	Pı	robate of the Will					
	account - We decla other leg	ble only for legal heir(s)/legal representative(s) whe Value of holding not exceeding Rs. 5 Lakh on the deare that the below mentioned person(s) are the	only legal heir(s) of the deceased and there are not of them are claimants and some of them have given a				
	Sr. No.	Name of the legal heir(s)	Specify whether a claimant or given a No Objection Certificate				
(5)	Signatur	res:					
	Sr. No.	Name of claimant	Signature of claimant				
			×				
			×				
			×				

Notes: 1. This request form should be signed by the surviving joint holder(s)/ legal heir(s)/ legal representative(s)/ nominee / all surviving members of the HUF, as the case may be.

2. * Strike off whichever is not applicable.