

#REG7 - TRANSFER ON DEATH REGISTRATION REQUEST

| a) Deceased Name: | ~ |
|---|-------------------|
| b) Deceased Address: | |
| | |
| c) Deceased UID: | |
| d) Deceased Registry Account No: | |
| e) Company(ies) in which deceased held shares: | |
| f) Name(s) of other Holders | |
| g) Date of Death: | |
| h) Name(s) & Address(es) of Beneficiary(ies): (PLEASE PRINT NAMES) | |
| <i>i)</i> Date(s) of Birth of Beneficiary(ies): (<i>Identification required</i>) | |
| j) Telephone & Email Contact: | |
| k) Payment Option: Please provide Bank Account details including country where bank is located. | |
| 1) Signature(s) of Administrator(s)/ Executor(s)/ Beneficiary(ies) | |
| | |
| m) Signature of Attorney/ Notary Public/ Broker dealer | Notary Seal/Stamp |
| Please note: If the beneficiary is a minor, you must attach a notarized letter designating the minor's custodian. Additionally, certain instances may require the appointment of a guardian or conservator as a condition of any distribution. | |
| Entered By: Signature: Date | |
| Checked By: Signature: Date: | |

Authorised By:..... Date...... Date......

A certified copy of the deceased's Last Will & Testament DR probate documents, beneficiary(ies) photo ID, a fee of EC\$20.00 and Death Certificate are required. The ECCSD will observe the instructions of the deceased as per his/her Last Will and Testament until otherwise notified by the Court.