

APPLICATION FORM FOR TRANSPOSITION / DELETION OF NAME

(A) TYPE OF REQUEST (Tick relevant box)

TRANSPOSITION NAME DELETION

(B) NAME OF THE COMPANY _____

(C) REGD. FOLIO NO.: _____ (The folio is mentioned on the reverse / face of the certificate)

(D) NAME OF THE HOLDER(S) [As endorsed on certificate(s)]

FULL NAME(S) OF HOLDER(S)
1
2
3.

(E) PARTICULARS OF SHARE CERTIFICATE(S) (If space provided is insufficient, then continue on supplement sheet)

CERTIFICATE NO.	DISTINCTIVE NOS.	NO. OF SECURITIES

(F) TOTAL NO. OF SHARES:

(G) TO BE TRANSMITTED / TRANSPOSED IN FAVOUR OF:

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	AGE	OCCUPATION	PAN NO.
1						
2						
3						

- Note: i) Mandatory to attach self attested copies of PAN Card(s) of all Holder(s) / Claimant(s) under item (G)
- ii) Signature of the Applicant to be attested by the Bank Manager with Name and Employee code of the Bank Manager.

(H) Full Address of the Holder/Claimant under item (G)(1)

PIN CODE _____

SPECIMEN SIGNATURE(S)

1. _____
2. _____
3. _____