

APPLICATION FORM FOR TRANSMISSION/TRANSPOTION

Series and each category of Shares/Debenture/Bonds.

PLEASE FILL UP IN CLEAR BLOCK LETTERS

(A) Type of Request (Tick relevant box)

(1) TRANSMISSION (2) TRANSPOTION (3) AMALGAMATION

(B) Name of the Company.....

(C) Register Folio No. ----- (The folio is mentioned on the front/reverse of the certificate)

(D) Name of the Holder(s) [As enclosed on certificate(s)]

FULL NAMES OF HOLDERS	
(1)	-----
(2)	-----
(3)	-----

(E) Particulars of Share/Debenture/Bond Certificate(s)(if space provided is Insufficient, then continue on reverse)

CERTIFICATE NO.	DISTINCTIVE NOS.		NO.OF SECURITIES
	FROM	TO	
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

(F) Total No. of Shares/Debenture/Bonds-----

(G) To be Transmitted/Transposed in favour of (in case of Amalgamation, do not fill up this column)

Title	First Name	Middle Name	Surname	Father/Husband Name	Occupation
(1)-----	-----	-----	-----	-----	-----
(2)-----	-----	-----	-----	-----	-----
(3)-----	-----	-----	-----	-----	-----

(H) Full address of fist Holder

-----PIN CODE-----

Signature(s)

(1)-----
(2)-----
(3)-----

(I) Tick The type of documents submitted

S.NO	Type of Documents Submitted	Mark Here	
(1)	Death Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(2)	Succession Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(3)	Probate of the Will	<input type="checkbox"/>	<input type="checkbox"/>
(4)	Letter Of Administration	<input type="checkbox"/>	<input type="checkbox"/>
(5)	Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(6)	Any other, Viz-----	<input type="checkbox"/>	<input type="checkbox"/>

For Office use only:

Checked by _____
Signature tallied by _____
Entered in Register of Transfer no. _____
Approval Date _____

Folio Co.Code

Specimen Signature(s) of Transferee(S)

1. _____

2. _____

3. _____