

**APPLICATION FORM FOR TRANSMISSION / TRANSPOSITION / AMALGAMATION**  
**PLEASE FILL IN SEPARATE FORMS FOR EACH COMPANY SERIES AND EACH CATEGORY OF**  
**SHARES / DEBENTURES / BONDS AND ALSO KINDLY READ THE INSTRUCTIONS ON REVERSE**

PLEASE FILL UP IN CLEAR BLOCK LETTERS

(A) TYPE OF REQUEST (Tick relevant box)

(1) TRANSMISSION  (2) TRANSPOSITION  (3) NAME DELETION

(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 endorsed on certificate(s)]

**FULL NAME OF HOLDERS**

1. ....
2. ....
3. ....
4. ....

(E) PARTICULARS OF SHARE / DEBENTURE / BOND CERTIFICATE(S) (if space provided insufficient, then continue on reverse)

CERTIFICATE NO.	DISTINCTIVE NOS	NO. OF SECURITIES
.....	.....	.....
.....	.....	.....
.....	.....	.....

(F) TOTAL NO. OF SHARES / DEBENTURES / BONDS :

(G) TO BE TRANSMITTED / TRANSPOSED IN FAVOUR OF (In case of amalgamation, do not fill up this column)

NAME OF THE TRANSFEREE(S)	Father's / Husband's Name	Age	Occupation
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

(H) FULL ADDRESS OF TRANSFEREE

.....

.....

.....

.....

**SIGNATURE**

- (1) .....
- (2) .....
- (3) .....
- (4) .....

(I) TICK THE TYPE OF DOCUMENTS SUBMITTED

Sl.No	Type of Document Submitted	Mark Here
(1)	Death Certificate	<input style="width: 100%; height: 100%;" type="checkbox"/>
(2)	Succession Certificate	
(3)	Probate of the Will	
(4)	Letter of Administration	
(5)	Marriage Certificate	
(6)	Any Other, viz.	

(J) (1) DOCUMENT REGISTRATION NO.:

(2) DATE OF REGISTRATION BOARD APPROVAL DATE:

(K) BUYER REG. FOLIO

(L) DELIVERY TYPE (Tick relevant Box)  
 COUNTER  POSTAL

**FOR OFFICE USE ONLY**

1. Signature of Unit Staff: \_\_\_\_\_
2. Form Received in Operations section by/on: \_\_\_\_\_
3. Document recd. By / on : \_\_\_\_\_
4. Form Scrutinized by / on : \_\_\_\_\_
5. Transfer Nos allotted: \_\_\_\_\_

**(M) SPECIMEN SIGNATURE (S):**

- (1) .....
- (2) .....
- (3) .....
- (4) .....