| | | OR TRANSMISSION / NAME DELETION / NAME DELETIO | | | | | |
|--|--|--|--|--|--|--|--|
| | | BENTURES / BONDS. KINDLY READ T PLEASE FILL THE FORM IN BLOCK | | ERSE. | | | |
| TYPE 1. TR | OF REQUEST (Tick r RANSMISSION / NAM | relevant box) : ME DELETION 2. TRANSPOS | SITION 3. AMALGAMAT | TION | | | |
| NAM | IE OF THE COMPAN | Y : | | | | | |
| REG | REGD. FOLIO NO. :(The folio is mentioned on the front / reverse of the certificate) | | | | | | |
| | NAME(S) OF THE HOLDER(S) (As endorsed on the certificate[s]): Sr. No. FULL NAME(S) OF HOLDER(S) | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| | PARTICULARS OF SHARE / DEBENTURE / BOND CERTIFICATE(S) (If space provided is insufficient then CERTIFICATE NO. DISTINCTIVE NOS. | | | continue on reverse) : NO. OF SECURITIE | | | |
| | | | | | | | |
| | | | | | | | |
| TOTA | AL NO. OF SHARES / DI | EBENTURES / BONDS : | | | | | |
| <u>TO B</u> | BE TRANSMITTED / 7 | TRANSPOSED IN FAVOUR OF (In ca | ase of Amalgamation, do not fill in | this table) : | | | |
| | BE TRANSMITTED / 7 | | | | | | |
| TO B | BE TRANSMITTED / 7 | TRANSPOSED IN FAVOUR OF (In ca | ase of Amalgamation, do not fill in | this table) : | | | |
| TO B | BE TRANSMITTED / 7 | TRANSPOSED IN FAVOUR OF (In ca | ase of Amalgamation, do not fill in | this table) : | | | |
| TO B Sr. No. | BE TRANSMITTED / 7 | TRANSPOSED IN FAVOUR OF (In ca | ase of Amalgamation, do not fill in | this table) : | | | |
| TO B Sr. No. 1 2 3 4 | BE TRANSMITTED / 7 | TRANSPOSED IN FAVOUR OF (In ca FULL NAME(S) | ase of Amalgamation, do not fill in OCCUPATION | this table) : PAN | | | |
| TO B Sr. No. 1 2 3 4 | BE TRANSMITTED / 7 | TRANSPOSED IN FAVOUR OF (In ca | ase of Amalgamation, do not fill in OCCUPATION | this table) : PAN | | | |

| | PINCOI | DE TEL: | | EMAIL: | | | | |
|----|---|---------------------------|------|--|---------|--|--|--|
| I. | | | | | | | | |
| | TICK THE TYPE OF DOCUMENTS SUBMITTED / REGISTERED (Please see INSTRUCTION - C iv on reverse) | | | J. DOCUMENT REGISTRATION DETAIL | LS : | | | |
| | Sr. No. | TYPE OF DOCUMENT | TICK | 1. REGISTRATION NO. | | | | |
| | 1 | DEATH CERTIFICATE | | 2. REGISTRATION / BOARD APPROVAL DATE | | | | |
| | 2 | SUCCESSION CERTIFICATE | | | | | | |
| | 3 | PROBATE OF WILL | | K. NEW REGD. FOLIO NO. : | | | | |
| | 4 | LETTERS OF ADMINISTRATION | | | | | | |
| | 5 | MARRIAGE CERTIFICATE | | L. DELIVERY TYPE (TICK RELEVANT BOX): | COUNTER | | | |
| | 6 | NOMINATION FORM | | | | | | |
| | 7 | TWLR | | | | | | |
| | 8 | ANY OTHER | | | | | | |

M. SPECIMEN SIGNATURE(S) (To be attested by Bank Manager in case of TRANSMISSION. Please see INSTRUCTIONS – A & B on reverse)

FOR OFFICE USE ONLY

1. Signature of Staff

2. Transfer No & Date of receipt......

INSTRUCTIONS

GENERAL

- A. <u>In case of TRANSMISSION</u>, the specimen signature(s) of the holder(s) / legal heir(s) under Item M is / are to be attested by Bank Manager under his name, full address and official stamp of the bank. In case of attestation by multiple banks, separate letters / sheets may be attached.
- **B.** <u>In case of change of name/ status consequent to marriage/ divorce/ obtaining majority</u>, the bank attestation should be in respect of the holder(s) whose name/ status is/ are being changed. The signature(s) of the other holder(s) in the account, if any, should be as per the specimen signature(s) recorded with the Company.
- **C.** It is mandatory to submit self-attested copies of PAN Cards of all the holder(s) /legal heirs(s) under Item G. (Copy of PAN Card may be substituted with ID proof in case of residents of Sikkim after Furnishing address proof)

D. IN CASE OF NAME DELETION / TRANSMISSION

for the last deceased holder is required to be submitted.

<u>NAME DELETION</u>: In a Joint Account no names can be deleted apart from the name of the deceased nor can any fresh names be added. Legible copy of the death certificate, duly attested by a <u>Notary Public / First Class Magistrate</u> /Gazetted Officer, is required to be submitted.

TRANSMISSION:

- For transmission where sole / all holders are deceased, request for transmission CANNOT be processed in case of securities where nomination is not registered, merely on the basis of Death Certificate(s). Legible copies of any one of the legal documents of the deceased viz. Probate of Will / Letters of Administration / Succession Certificate / Administrator General's Certificate along with the schedule disclosing the name of the Company, Folio No(s)., number of securities and their distinctive nos., duly attested by <u>Notary Public / First Class Magistrate</u>, are required to be submitted.
 For securities standing in joint names and where all the holders are deceased, legal documents as above
- ii. For change from **Minor to Major**, legible copy of birth certificate / school leaving certificate wherein name is the same as that on the securities, duly attested by <u>Notary Public / First Class Magistrate</u>, is required to be submitted.
- iii. For change of name consequent to **marriage/ divorce**, legible copy of marriage certificate / Government Gazette/ divorce decree wherein name is the same as that on the securities, duly attested by <u>Notary Public / First Class Magistrate</u>, is required to be submitted

NOTE: Attestation by Notary Public / First Class Magistrate / Gazetted Officer should mention their name, full address, registration number and affix their seal, Notarial / Court Fee stamps, as applicable.

PARTICILLARS OF SHARE / DEBENTURE / BOND CERTIFICATE(S) CONTINUED FROM ITEM _ F

E. IN CASE OF AMALGAMATION

- i. Amalgamation of folios can be done only if, order of names are identical in all accounts.
- ii. Only one form is required to be filled even if more than one folio is to be amalgamated.
- iii. There is no need to fill up Item G.

iv. Mention the new Regd. Folio No. in Item K into which the securities are to be amalgamated.

| OVERLEAF. | | | | | | | | |
|---|-----------------------------------|-------------------|--|--|--|--|--|--|
| CERTIFICATE NO. | DISTINCTIVE NOS. | NO. OF SECURITIES | | | | | | |
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| <u> </u> | | I | | | | | | |
| Securities to be forwarde | d to: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PINCODE | TEL NO.: | EMAIL ID: | | | | | | |
| | | | | | | | | |
| | HE BANK DETAILS ALONG WITH THE OR | · · · | | | | | | |
| REQUEST LETTER DULY SIGNED BY THE HOLDER/ SURVIVING HOLDER / LEGAL HEIR FOR INCORPORATING | | | | | | | | |
| THE BANK DETAILS AND RELEASING THE OUTSTANDING PAYMENTS, IF ANY. | | | | | | | | |
| | | | | | | | | |
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