



ANNEXURE OB

FORM FOR TRANSMISSION ALONGWITH DEMATERIALISATION

Date : _____

I/We, the undersigned, being the joint holders of the following securities along with Mr./Mrs./Ms. :

_____ (Name of the deceased) Wish to have the name of the deceased deleted from the securities certificates. A copy of the death certificate, duly notarized and the dematerialisation request form alongwith the physical certificates are enclosed. I/We Request you to process the same and advise the Issuer/R & T Agent accordingly.

The details are given below:

CLIENT ID								
COMPANY NAME								
TYPE OF SECURITIES	Equity/Others (Please Specify)							
QUANTITY (In Figure)								
QUANTITY (In Words)								

Sr. Name of the Survivor(s)
No

Signature(s)

1. _____

2. _____

3. _____

ISIN	I	N											
DRN No.	1	0	0	0	0	0	0	0	0				

Instructions :

1. Separate forms should be filled up for each ISIN by the survivor(s).
2. Each form should be accompanied by a copy of the death certificate, duly notarized.