

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

A. TYPE OF REQUEST (Tick relevant box)  :  
1. TRANSMISSION / NAME DELETION  2. TRANSPOSITION  3. AMALGAMATION

B. NAME OF THE COMPANY : \_\_\_\_\_

C. REGD. FOLIO NO. : \_\_\_\_\_(The folio is mentioned on the front / reverse of the certificate)

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

Sr. No.	FULL NAME(S) OF HOLDER(S)
1	
2	
3	
4	

E. PARTICULARS OF SHARE / DEBENTURE / BOND CERTIFICATE(S) (If space provided is 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 in this table) :

Sr. No.	TITLE	FULL NAME(S)	OCCUPATION	PAN
1				
2				
3				
4				

**NOTE:** Mandatory to attach Self attested copies of PAN cards of all holders / claimants under item G

H. FULL ADDRESS OF HOLDER UNDER ITEM G (1) :

PINCODE <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/>	TEL: _____	EMAIL: _____

I. TICK THE TYPE OF DOCUMENTS SUBMITTED / REGISTERED (Please see INSTRUCTION - C iv on reverse)			J. DOCUMENT REGISTRATION DETAILS :	
Sr. No.	TYPE OF DOCUMENT	TICK	1. REGISTRATION NO.	
1	DEATH CERTIFICATE		2. REGISTRATION / BOARD	
2	SUCCESSION CERTIFICATE		K. NEW REGD. FOLIO NO. :	
3	PROBATE OF WILL			
4	LETTERS OF ADMINISTRATION		L. DELIVERY TYPE (TICK RELEVANT BOX) :	<input type="checkbox"/> COUNTER
5	MARRIAGE CERTIFICATE			<input type="checkbox"/> POSTAL
6	NOMINATION FORM			
7	TWLR			
8	ANY OTHER			

M. SPECIMEN SIGNATURE(S) (To be attested by Bank Manager. Please see INSTRUCTION - A on reverse)

1. _____ 2. _____ 3. _____ 4. _____
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FOR OFFICE USE ONLY
1. Signature of Unit Staff .....
2. Transfer No & Date of receipt.....

## INSTRUCTIONS

### GENERAL

- A. The specimen signature(s) of the holder(s) / claimant(s) under Item M is / are to be attested by Bank Manager under his full name, designation with seal of the bank bearing its name and address. **In case of attestation by multiple banks, separate letters / sheets may be attached.**
- B. It is mandatory to submit self attested copies of PAN cards of all the holder(s) / claimant(s) under Item G.  
(Copy of PAN card may be substituted with ID proof in case of residents of Sikkim after Furnishing address proof)

### C. IN CASE OF TRANSMISSION/ NAME DELETION

- i. In a Joint Account no names can be deleted apart from the name of the deceased nor can any fresh names be added.
- ii. Request for transmission CANNOT be processed in case of securities standing in the single name of the deceased where nomination is not registered, merely on the basis of Death Certificate. Attested copies of Legal documents viz. Probate of Will / Letters of Administration/Succession Certificate/ Administrator General's Certificate are required to be submitted.
- iii. For change from Minor to Major, attested copy of birth certificate/ school leaving certificate wherein name is the same as that on the securities , is required to be submitted.
- iv. Copies of documents submitted should be attested by Bank Manager / Notary Public / 1st Class Magistrate / Gazetted Officer. The attesting authorities should mention their name, full address, registration number and affix their seal, Notarial/ Court fee stamps, as applicable .

### D. 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.

PARTICULARS OF SHARE / DEBENTURE / BOND CERTIFICATE(S) CONTINUED FROM ITEM – E OVERLEAF.

SR. NO.	CERTIFICATE NO.	DISTINCTIVE NOS.	NO. OF SECURITIES
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Securities to be forwarded to :

PINCODE								TEL:	EMAIL:
FOR OFFICE USE SPACE FOR ANY SPECIAL REMARKS									