

Transposition Procedure

1. Specimen signature duly attested by the Bank Manager (Format enclosed as **Annexure I**)
2. Self attested pan card copy.
3. Duly filled transposition form (Format enclosed as **Annexure II**)

ANNEXURE I

To be printed on letter head of Banker
Signature Verification Letter

TO WHOMSOEVER IT MAY CONCERN

This is to Certify that (Name of the Person)..... with the Registered Address at (Address of the Person) is maintaining a Bank Account(A/c No.)..... with our Bank..... (Bank Name) at (Branch Name)..... and operating that account in the normal course of its business/activities. Mr./Ms./Mrs..... is the account holder for the operation of the account. His/ Her signature as appearing below is duly attested (as per the records available with the bank).

(Signature of the Account Holder)

(Signature of the Branch Manager)

Name: _____

Branch Name: _____

Designation: _____

Employee Code: _____

Phone No: _____

Date: _____

(Bank Seal)

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 <input style="width:100px;" type="text"/> Co.Code <input style="width:50px;" type="text"/> Specimen Signature(s) of Transferee(S) 1. _____ 2. _____ 3. _____
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