## **ANNEXURE OB** FORM FOR TRANSMISSION ALONG WITH DEMATERIALISATION

506-5 Opp.	507, S Gand	<b>tilal Share</b> akar-I, 5th Fl higram Rly. S	loor,	ck Broke	ers Ltd			DP-ID	-IN	300982	
Navrangpura, Ahmedabad-380 009.								Date :	-	-201	
I/We, the undersigned, being the joint holders of the following securities along with											h
Mr. / Mrs. / Ms (name of the deceased) wish to have the name										ne name of th	е
deceased deleted from the security certificates. A copy of the death certificate, duly notarised and											
the dematerialisation request form alongwith the physical Share certificates are enclosed. I / We request you											
to process the same and advise the Isssuer / R & T Agent accordingly. The details are given below :											
Client ID											
Company Name									·		
Type of Security											
Quantity		Figures									
		Words									
Sr.	Nai	Name of the Survivor(s)						Signature(s)			
1.							X				
2.								x			
3.							Х				
						filled in by	participa	nt)			_

## Instructions:

- Separate forms should be filled up for each ISIN by the survivor(s).
- Each form should be accompanied by a copy of the death certificate duly notorised. Self attested photocopy of the PAN CARD of surviving member. 2.
- 3.