## **Transposition Procedure**

- 1. Request letter signed by all the joint holders.
- 2. Specimen signature of all the joint holders duly attested by the Bank Manager(Format enclosed as **Annexure I**)
- 3. Self attested pan card copy of all the joint holders.
- 4. 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/TRANSPOSTION

Series and each category of Shares/Debenture/Bonds.
PLEASE FILL UP IN CLEAR BLOCK LETTERS

(A) Type of Request (1)TRANSMISS		ANSPOSITION		(3) AMALGA	MATION		
<ul><li>(C) Register Folio No.</li><li>(D) Name of the Holde</li></ul>	any (The folio is mr(s) [As enclosed on certificate(	nentioned on the fr				•••••	
(1)	LL NAMES OF HOLDERS	ificate(s)(if space	provided	is Insufficient,	then contin	ue on reverse	2)
( )	res/Debenture/Bondsted/Transposed in favour of				his column)		
(1) (2) (3) (H) Full address of  (I) Tick The type  S.NO Type of Doc (1) Death Certi (2) Succession (3) Probate of t (4) Letter Of A (5) Marriage C	-PIN CODEof documents submitted cuments Submitted ficate Certificate he Will dministration		Signa (1) (2)				
For Office use of							
Signature tallied by	of Transfer no .		Specimen Signature(s) of	2		Co.Code _	