

ANNEXURE OB
FORM FOR TRANSMISSION ALONGWITH DEMATERIALISATION

To,
Consortium Securities (P) Ltd.
36, Sant Nagar, East of Kailash
Delhi- 110065
Ph. No- 011- 66237500.

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 security certificates. A copy of the death certificate, duly notarised 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 Security <i>Equity/Others (please specify)</i>									
Quantity (in figures)									
(in words)									

Sr. No.	Name of the survivor(s)	Signature(s)

(to be filled –in by the Participant)

ISIN	I	N										
Dematerialisation Request No. (DRN) of the dematerialisation request												

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 notarized.