

ANNEXURE OA
TRANSPOSITION FORM
(For Transposition and Demat Cases)

Date									
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To,
Consortium Securities (P) Ltd
36, Sant Nagar, East of Kailash
New Delhi- 110065
011- 66237500

We, the undersigned, being the joint holder(s) of securities of _____ wish to have our holdings transposed in the following order in which we have an account with you. We are also submitting the certificate(s) along with DRF for Dematerialization.

Names on the certificate of security:

Name	Signature(s)

Details of our client account:

DP Id	Client Id	Names of the account holders

Note: The joint holders should fill Separate Transposition form for securities having distinct ISIN