

APPLICATION FORM FOR TRANSPOSITION [TPRF] [TO BE ATTACHED WITH DRF]

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To, SHAREWAY SECURITIES LIMITED. Corporate Office: No 2, Hayes Road, Richmond Town, Bangalore 560025													
corporate office. No 2, Hayes	Rodu, i	CICITION	u iov	vii, Daiig	jaiore 50	3023							
TPRF No.					Date	D	D	M	M	Υ	Υ	Υ	Υ
Please transpose the names of thereafter credit the same in the						ied in t	he acc	ompar	nying	dema	t reque	st forr	n and
DRF No.					Date	D	D	M	M	Υ	Υ	Υ	Υ
Name of the Company													
ISIN	I	N											
DP ID			1		Clier	nt ID			1	1		1	
Name of the holders (As it app	ears in	the Den	nat Ac	count)									•
First / Sole Holder Name													
Second Holder Name													
Third Holder Name													
Name of the Holders (As it ap	pears o	n the Ce	ertifica	ates):									
Folio Nos													
Sr. No.				Name	e(s) of t	ne Holo	der(s)						
1.													
2.													
Folio Nos				Name	e(s) of t	ao Hala	dor(c)						
1.				Name	(S) OI L	е пок	iei(s)						
2.													
3.													
3.													
Folio Nos													
Sr. No.				Name	e(s) of t	ne Holo	der(s)						
1.													
2.													
3.													

	First / Sole Holder	Second Holder	Third Holder
Name (as per demat a/c)			
Signature with DP			
Signature with RTA			

We state that the above details are true to the best of our knowledge

Depository Participant Seal and Signature

Note: 1. Separate Transposition form should be filled by the joint holders for securities having distinct ISIN.

- 2. Please write each combination of names in separate boxes.
- 3. Use separate transposition form if there are more than three combinations of names.