## **BO-BO transfer form (Individual Same-holder)**

Form no:												Date:						
V	oluntary act	of the	shar	ehold	er													
Fr	om BOID:																	
To	BOID:																	
Ci	tizenship: Is	sue di	strict			Nu	ımbe	r	Issue year									
N	ame:													_				
Fa	athers Name	:												_				
	lothers Nam																	
	oouse Name																	
	rand Fathers																	
Di	ate of Birth:																	
	eason for Tra																	
	pplicant sign I hereby con										_							
Script Name								quantity				Trade ID (to be filled by DP)						
	•																	
DP Authorized signature: Stam																		
	Approval from Counter DP (DP name):																	
	Yes	Yes No																
	Reason (if	no):																
	Signature: Date:						Stamp:											
	Approval f	rom C	DS:															
	Signature:				Sta	amp:			Date:									