

TSR CONSULTANTS PRIVATE LIMITED

(Subsidiary of Link Intime India Private Limited)

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Business hours Monday to Friday 10.00 a m to 3.30 p m

APPLICATION FORM FOR TRANSMISSION / NAME DELETION / TRANSPOSITION / AMALGAMATION

PLEASE FILL IN SEPARATE FORMS FOR EACH COMPANY SERIES AND EACH CATEGORY OF SHARES / DEBENTURES / BONDS. **KINDLY READ THE INSTRUCTIONS ON THE REVERSE.**

PLEASE FILL THE FORM IN BLOCK LETTERS

A. TYPE OF REQUEST (Tick relevant box) : :

1. TRANSMISSION / NAME DELETION 2. TRANSPOSITION 3. AMALGAMATION

B. NAME OF THE COMPANY : _____

C. REGD. FOLIO NO. : _____(The folio is mentioned on the front / reverse of the certificate)

D. NAME(S) OF THE HOLDER(S) (As endorsed on the certificate[s]):

| Sr. No. | FULL NAME(S) OF HOLDER(S) |
|---------|---------------------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |

E. PARTICULARS OF SHARE / DEBENTURE / BOND CERTIFICATE(S) (If space provided is insufficient then continue on reverse) :

| CERTIFICATE NO. | DISTINCTIVE NOS. | NO. OF SECURITIES |
|-----------------|------------------|-------------------|
| | | |
| | | |
| | | |

F. TOTAL NO. OF SHARES / DEBENTURES / BONDS : _____

G. TO BE TRANSMITTED / TRANSPOSED IN FAVOUR OF (In case of Amalgamation, do not fill in this table) :

| Sr. No. | TITLE | FULL NAME(S) | OCCUPATION | PAN |
|---------|-------|--------------|------------|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

NOTE: Mandatory to attach Self attested copies of PAN cards of all holders / legal heirs under item G

H. FULL ADDRESS OF HOLDER / legal heir UNDER ITEM G (1) :

| | | |
|----------------------|----------------------|----------------------|
| | | |
| | | |
| PINCODE | TEL: | EMAIL: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

I.

| TICK THE TYPE OF DOCUMENTS SUBMITTED / REGISTERED (Please see INSTRUCTION - C iv on reverse) | | | J. DOCUMENT REGISTRATION DETAILS : | |
|--|---------------------------|------|------------------------------------|---------------------------------------|
| Sr. No. | TYPE OF DOCUMENT | TICK | 1. REGISTRATION NO. | 2. REGISTRATION / BOARD APPROVAL DATE |
| 1 | DEATH CERTIFICATE | | | |
| 2 | SUCCESSION CERTIFICATE | | | |
| 3 | PROBATE OF WILL | | | |
| 4 | LETTERS OF ADMINISTRATION | | | |
| 5 | MARRIAGE CERTIFICATE | | | |
| 6 | NOMINATION FORM | | | |
| 7 | TWLR | | | |
| 8 | ANY OTHER | | | |

K. NEW REGD. FOLIO NO. : _____

L. DELIVERY TYPE (TICK RELEVANT BOX) : COUNTER POSTAL

M. SPECIMEN SIGNATURE(S) (To be attested by Bank Manager in case of TRANSMISSION.

Please see INSTRUCTIONS – A & B on reverse)

| |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

| FOR OFFICE USE ONLY | |
|---------------------------------------|-------|
| 1. Signature of Staff | _____ |
| 2. Transfer No & Date of receipt..... | _____ |

