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

KEDIY	SEDVICES	DVT I TD

Corporate Office: Office No:1, Tulip Flower Valley, Khadakpada Circle, Kalyan (W)-421301.
Tel: (0251) 2223000

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Name of the ho			ears i	in th	e Den	nat Ac	count)											
First / Sole Hol																		
Second Holder Third Holder N																		
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Name of the Folio Nos	Holders (A	s it ap _l	pears	s on	the C	ertifica	ates):											
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Name (as per demat a/c)																		
Signature with	np											\dashv						
Signature with	DP																	
Signature with	RTA																	

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

Note:

Depository Participant Seal and Signature

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.