

TSR DARASHAW LIMITED

6-10 Haji Moosa Patrawala Industrial Estate, 20 Dr. E. Moses Road, Near Famous Studio, Mahalaxmi (West), Mumbai – 400 011
Tel 91 22 6656 8484 Fax 91 22 6656 8494 e-mail csg-unit@tsrdarashaw.com website www.tsrdarashaw.com
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 / claimants under item G

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

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

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.	
1	DEATH CERTIFICATE		2. REGISTRATION / BOARD	
2	SUCCESSION CERTIFICATE		K. NEW REGD. FOLIO NO. :	
3	PROBATE OF WILL			
4	LETTERS OF ADMINISTRATION		L. DELIVERY TYPE (TICK RELEVANT BOX) :	<input type="checkbox"/> COUNTER
5	MARRIAGE CERTIFICATE			<input type="checkbox"/> POSTAL
6	NOMINATION FORM			
7	TWLR			
8	ANY OTHER			

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

Please see INSTRUCTION - A on reverse)

1. _____
2. _____
3. _____
4. _____

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

