

TRANSMISSION FORM

**C B MANAGEMENT SERVICES (P) LIMITED
P-22, BONDEL ROAD, KOLKATA-700 019**

Doc.No.

**APPLICATION FORM FOR TRANSMISSION/TRANSPPOSITION/CONSOLIDATION OF FOLIOS
PLEASE READ INSTRUTION ON REVERSE**

UNIT.....

PLEASE FILL UP IN CLEAR BLOCK LETTERS

- A) TYPE OF REQUEST (Tick relevant box) 1) TRANSMISSION 2) TRANSPPOSITION
 (3) CONSOLIDATION OF FOLIOS 4) CHANGE OF NAME /SURNAME 5) DELETION
 (B) REGISTERED FOLIO NO. folio is mentioned on the front/reverse of the certificate)

(C) NAME OF THE HOLDER(S) (As endorsed on certificate(s))

FULL NAMES OF HOLDERS

- (1)
- (2)
- (3)

(D) PARTICULARS OF SHARE (if space provided is insufficient, then continue reverse)

<u>CERTIFICATE NO.</u>	<u>DISTINCTIVE NOS.</u>	<u>NO.OF SHARES</u>

(E) TOTAL NO.OF SHARES

(F) TO BE TRANSMITTED/TRANPOSED IN FAVOUR OF (In case of consolidation, do not fill up this column)

NAME	OCCUPATION	F/H NAME
(1)		
(2)		
(3)		

(G) FULL ADDRESS OF FIRST HOLDER

.....

.....

.....

.....

.....PIN CODE

(H) BANK DETAILS & PAN/ GIR

1) Name & Address of Bank

2) Type of A/c –SB/CA/OD/NRI/NER

3) A/C NO.

4) PAN/ GIR

J) BUYER REG.FOLIO

FOR OFFICE USE ONLY

DOC.Regn. no. Date of Regn.

(I) SIGNATURE

- (1) _____
- (2) _____
- (3) _____

Witness Name: _____
 Address : _____
 Occupation : _____

