

ANNEXURE OB

FORM FOR TRANSMISSION ALONGWITH DEMATERIALISATION

Religare Broking Limited

Club 125 (Tower A) A-3,4 & 5, Sector- 125,
 Noida-201301 (U.P.)
 Ph.: 0120-4866666 Fax: 0120-4866275

Serial No.

DATE / /

I/We the undersigned, being the joint holders of the following securities along with Mr./Mrs./Ms. _____
 (name of the deceased) wish to have the name of the deceased deleted from the security certificates. A copy of the death certificate, duly attested by a Notary Public or by a Gazetted Officer and the dematerialisation request form alongwith the physical certificates are enclosed. I/We request you to process the same and advise the issuer / R & T Agent accordingly. The details are given below :

Client Id									
Company Name									
Type of Security <i>Equity / Others</i> (please specify)									
Quantity (in figures)									
(in words)									

Sr. No.	Name of the survivor(s)	Signature(s)
1.		
2.		
3.		

(to be filled-in by the participant)

ISIN	I	N											
Dematerialisation Request No. (DRN) of the dematerialisation request													

Instructions :

1. Seperate forms should be filled up for each ISIN by the survivor(s).
2. Each form should be accompanied by a copy of the death certificate, duly attested by a Notary Public or by a Gazetted Officer