PROCEDURE FOR DELETION OF JOINT NAME(S)

PLEASE NOTE THIS IS APPLICABLE ONLY WHERE SHARE CERTIFICATES ARE HELD IN JOINT NAMES AND ONE OR MORE SHAREHOLDER(S) ARE APPLYING FOR NAME DELETION OF DECEASED SHAREHOLDER(S).

ENCLOSURES:

- 1. Duly completed Name deletion application in format given below.
- 2. Notarized death certificate of deceased shareholder(S).
- 3. All Original share certificate(s).
- 4. Self-attested PAN card of all applicant shareholder(s).
- 5. Self-attested address Proof of surviving Shareholder. In case present address differs with our records, kindly send Change of request (COA) form also.
- 6. An original cancelled cheque of First named shareholder (after name deletion) having his/her name printed on it.

INSTRUCTIONS TO FILL FORM:

- 1. Please fill all name and address in block letters (if hand written)
- 2. Do not fill form in two pages
- 3. In case address is changed from address recorded with us, please attach self attested copy of any two of these documents of first shareholder: Driving license/ passport/ voter ID Dcard/ Aadhar Card, duly attested by his banker.
- 4. Please fill details correctly in form with due care.
- 5. Strike out whichever is not applicable.
- 6. ADDITION OF ANY NEW SHARE HOLDER IS NOT PERMITTED.
- 7. SEPARATE FORM IS REQUIRED FOR EACH FOLIO

OR

IN CASE SURVIVING SHAREHOLDER(S) WANT TO DELETE NAME OF DECEASED SHAREHOLDER(S) AS WELL AS WANT TO DEMAT THE SHARES, THE SURVIVING SHAREHOLDER(S) CAN DIRECTLY SUBMIT A REQUEST TO THE DP WITH THE FOLLOWING DOCUMENTS FOR BOTH THE REQUESTS

- 1. Transmission form (from the DP)
- 2. Copy of Attested Death Certificate
- 3. Original share certificates

UNIT :					
FOLIO NUMBER	:				
Dear Sir,					
Re: <u>Deletion of nar</u>	ne of the deceased sha	<u>reholder</u>			
I/We, the undersi	gned being the joint	holder(s) with	Mr./Mrs./Miss		
	(deceased) w	ho has expired or	ı	. hereby	request you to
delete his/her name	from the Register of I	Members of the Co	ompany in respect	of the be	elow mentioned
shares, share certific	cates for which are sent	herewith for the ab	ove said purpose.		
certificate No from Certificate no up to Distinct		Distinctive No fro	om Distinctive N	No up to	No of shares
certificate No from	Certificate no up to				
certificate No from	Certificate no up to			•	
certificate No from	Certificate no up to				
certificate No from	Certificate no up to				
I/We, give hereunde	er particulars regarding	surviving holder / jo		ould be re	equired by
	er particulars regarding s			ould be re	equired by
I/We, give hereunde you for your records	er particulars regarding s	Fat	oint holder(s) as w		
I/We, give hereunde you for your records SI.N Full Name of Su	er particulars regarding s	Fat	oint holder(s) as w		
I/We, give hereunde you for your records SI.N Full Name of Su	er particulars regarding s	Fat	oint holder(s) as w		
I/We, give hereunde you for your records SI.N Full Name of Su	er particulars regarding s	Fat	oint holder(s) as w		
I/We, give hereunde you for your records SI.N Full Name of Su o	er particulars regarding s	Fat	oint holder(s) as w her's/ Husband's cupation		
I/We, give hereunde you for your records SI.N Full Name of Su o	er particulars regarding s	Fat	oint holder(s) as w her's/ Husband's cupation		
I/We, give hereunde you for your records SI.N Full Name of Su o	er particulars regarding s	Fat	oint holder(s) as w her's/ Husband's cupation		
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I/We, give hereunde you for your records SI.N Full Name of Su o	er particulars regarding s	Fat	oint holder(s) as w her's/ Husband's cupation		

(To be filled by Share Department)

Name deletion inward No.

New / Existing Folio No.

Approved on: