SHARE TRANSMISSION FORM **PHOTO** Name of Company No. of EQUITY Shares____ ____No. in words__ From Distinctive Numbers To Certificate No.(s) Name of Deceased Holder_____ _____Folio No.____ ___D. C. Regn. No.___ Date of Death dated Name(s) of Heir(s) / Successor(s) / Executor(s) / Administrator(s) Age Signature(s) Attested by: Signature(s) of Heir(s) / Successor(s) / Signature_____ Executor(s) / Administrator(s) Name_____ Address_____ on Particulars of Heir(s) / Successor(s) / Executor(s) / Administrator(s) Occupation Relation with Deceased | Age | Father's/Husband's Name Address 1. 2. 3. 4. New Folio No. Documents tendered by claimant(s): (1) Death Certificate (2)_____ (5)____ For Office use only: Documents examined and Transmission Folio recommended_____ Signature of New Holders Registrars Approved on_____ Under TMN No.

Authorised Signatory