## **BO-BO TRANSFER FORM(COPORATE SAME – HOLDER)**

| Form No:-   |              |      |        |          |         | DATE:                      |         |  |  |        |               |  |  |  |  |  |  |  |  |
|---|--------------|------|--------|----------|---------|----------------------------|---------|--|--|--------|---------------|--|--|--|--|--|--|--|--|
| Voluntary   | Act o        | f Th | ie San | ne hol   | der     |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| From Bo I   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| To Bo Id:-  |              |      |        | <u> </u> |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| CORPORA   | ATE AC       | COI  | JNT N  | IAME:    |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| AUTHORIZED PERSON NAME:                                   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| PAN NO:   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| COMPANY REGISTRATION NUMBER:                              |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| REASON FOR TRANSFER:                                      |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Applicant Signature:                                      |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| I hereby confirm to transfer below mentioned securities:- |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| S.No.   | S.No. Script |      |        |          |         | Quantity Trade ID (to be f |         |  |  | filled | filled by DP) |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| DP Authorized signature: Stamp:                           |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Approval From Counter Dp (Dp Name):                       |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Yes:- No:-  |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Reason(if no):  |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Signature:- Date:-  |              |      |        |          | Stamp:- |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
|   |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Approval from CDSC:-                                      |              |      |        |          |         |                            |         |  |  |        |               |  |  |  |  |  |  |  |  |
| Signature:-   |              |      | Date:- |          |         |                            | Stamp:- |  |  |        |               |  |  |  |  |  |  |  |  |