APPLICATION FORM FOR TRANSPOSITION [TRPF] [TO BE ATTACHED WITH DRF]

AUM CAPITAL MARKET PRIVATE LIMITED 5, Lower Rawdon Street, Akashdeep, 1 st Floor, Kolkata – 700020																		
			- '							-1-7								
TRPF No.										Date	D	D	М	М	Υ	Υ	Υ	Υ
Please transpose the names of the holders of securities as identified in the accompanying demat request form and thereafter credit the same in the demat account as detailed below:							and											
DRF No.										Date	D	D	М	М	Υ	Υ	Υ	Υ
Name of the 0	Compa	ny																
ISIN		I		N														
DP ID		1	2	0	5	7	8	0	0	Clier	nt ID							
Name of the l	nolders	(As	it app	ears	in the	e Den	nat Ad	coun	t)									
First / Sole Ho	older N	ame																
Second Holder Name																		
Third Holder Name																		
Name of the Holders (As it appears on the Certificates): Folio Nos																		
Sr. No.	Nan	ne(s)	of th	е Но	lder(s	5)												
.1.						•												
.2.																		
.3.																		
Folio Nos																		
Sr. No.	Nan	ne(s)	of th	e Ho	lder(s	5)												
.1.																		
.2.																		
.3.																		
Folio Nos																		
Sr. No.	Nan	ne(s)	of th	e Ho	lder(s	5)												
.1.																		
.2.																		
.3.																		

	First / Sole Holder	Second Holder	Third Holder
Name(As per demat a/c)			
Signature with DP			
Signature with RTA			

We state that the above details are true to the best of our knowledge

Depository Participant Seal and Signature

Note: 1. Separate Transposition form should be filled by the joint holders for securities having distinct ISIN.

- 2. Please write each combination of names in separate boxes .
- 3 . Use separate transposition form if there are more than three combinations of names.