

ANNEXURE OA

TRANSPOSITION FORM
(for transposition and demat cases)

Date

To,

Indbank Merchant Banking Services Limited
Securities Division ,480, Anna Salai , I Floor
Khivraj Complex 1,Nandanam
Chennai - 600 035

We, the undersigned, being the joint holder(s) of securities of -----
----- wish to have our holdings transposed in the following order in
which we have an account with you. We are also submitting the certificate(s)
alongwith DRF for dematerialisation.

Names on the certificates of security:

Name	Signature
1.	1.
2.	2.
3.	3.

Details of our client account:

DP ID	Client ID	Names of the account holders
IN300597/ IN303093		1. 2. 3.

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