FORM NO:

VOLUNTARY ACT OF THE SHAREHOLDER			
FROM BOID:			
TO BOID:			
CITIZENSHIP: ISSUE DISTRICT	NUMBER	ISSUE YEAR	
NAME:			
FATHER NAME:			
MOTHER NAME:			
SPOUSE NAME:			
GRAND FATERS NAME:			
DATE OF BIRTH:			
I HEREBY CONFIRM TO TRANFER BELOW MENTIONED SECURITIES:			
SCRIPT NAME	QUANTITY	TRADE ID (TO BE FILLED BY DP)	
APPLICANT SIGNATURE			
DP AUTHORIZE SIGNATURE		STAMP:	
APPROVAL FORM COUNTER DE	P (DP NAME)		
YES	NO		
REASON (IF NO):			
SIGNATURE:	DATE:	STAMP:	
APPROVAL FROM CDS:			
SIGNATURE:	DATE:	STAMP:	