

BO-BO TRANSFER FORM (INDIVIDUAL SAME-HOLDER)**Date:**

Form no:

Voluntary act of the shareholder

From BO ID: TO BO ID: Citizenship: Issue district Number Issue year

Name:	
Fathers Name:	
Mothers Name:	
Spouse Name:	
Grand Fathers Name:	
Date of Birth:	
Reason for Transfer:	

I hereby confirm to transfer below mentioned securities:

S.NO.	Script Name	Quantity	Trade ID (to be filled by DP)
1.			
2.			
3.			
4.			
5.			
6.			

Applicant signature:

DP Authorized signature:

Stamp:

Approval from Counter DP (DP name): _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason (if no):		
Signature:	Date:	Stamp:
Approval from CDS:		
Signature:	Stamp:	Date: