

**Annexure-Ab**

**Issuer / Registrar and Transfer Agent Name**  
**Issuer / Registrar and Transfer Agent Address**  
**Registrar and Transfer Agent ID**

**TRANSPOSITION FORM ALONGWITH DEMATERIALISATION CONVERSION REQUEST**  
**(for transposition and demat cases)**

Date	D	D	M	M	Y	Y	Y	Y
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We, the undersigned, being the joint holder(s) of securities of (Name of the Company) wish to have our holdings transposed in the following order in which we have a demat account. We are also submitting the DCRF for dematerialisation.

Names on the certificate of security:

Name	Signature(s)

Details of our client account:

DP ID	Client ID	Names of the account holders

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