





TRANSMISSION ALONGWITH DEMATERIALISATION FORM (FORM 31)

| Го, | | Date: | | | | | | | | |
|---|----------|--------|----------|--------------|---------|---------|-----------------------------|--|--------------------------------|------------------|
| Maximus Securities Ltd. DP Id: IN st Floor, Sterling Centre, Opp. Div | | | gh Scho | ool, | | | | | | |
| Andheri Kurla Road, Andheri East, | | | | , | | | | | | |
| | | | | | | | | | | |
| | eing | the | joint | holders | of | the | following | securities | along | with |
| Mr./Mrs./Ms. have the name of the deceased del | leted fr | om the | e securi | tv certifica | tes. A | copy | (<i>nam</i> of the death c | <i>e of the dec</i> ertificate, dul | <i>reasea)</i> w lv notaris | isn to ed and |
| the dematerialisation request form same and advise the Issuer/R & T | n along | with | the phy | ysical certi | ficates | s are e | nclosed. I/We | request you | to proce | ess the |
| Client Id | | | | | | | | | | |
| Company Name | | 1 | ' | ' | ' | ' | - | | | |
| Type of Security Equity / Others (please specify) | | | | | | | | | | |
| Quantity | | | | | | | | | | |
| (in figures) | | | | | | | | | | |
| (in words) | | | | | | | | | | |
| | | | | | | | | | | |
| Sr. Name of the survivor(s) No. | | | | Signature(s) | | | | | | |
| 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| (To be filled-in by Depository Pa | rticina | nt) | l . | | | | | | | |
| ISIN | I | | N | | | | | | | |
| Dematerialization Request No. (DRN) of the dematerialization request | | | | | | | | | | |

Instructions:

- 1. Separate forms should be filled up for each ISIN by the survivor(s).
- 2. Each form should be accompanied by a copy of the death certificate, duly notarized.