## ANNEXURE OB FORM FOR TRANSMISSION ALONG WITH DEMATERIALISATION

To,												D	ate:		
Coimbatore Capital Ltd															
COINDIA Building															
1 st Floor, Govt Industrial Estate															
North-East of Airport Signal															
	ashi Road														
Coim	batore – 641 014														
I/We	e, the undersigned, being	ng the	ioi	int ho	lders	of	the fo	llowi	ng :	securi	ities	alon	with		
Mr./Mrs./Ms. (name of the deceased) wish to ha											_				
the name of the deceased deleted from the security certificates. A copy of the dear															
certificate, duly notarised and the dematerialisation request form along with the physical															
certificates are enclosed. I/We request you to process the same and advise the Issuer/R															
	Agent accordingly. The			•	-										
	8 8,			8											
Client Id															
Company Name															
Type of Security															
• 1	y/Others (please														
specify)															
Quantity (in figures)															
~ uun	inty (iii iigures)														
(in words)															
(III words)															
Sr.	Name of the survivor(s)				Signature(s)										
No.	Name of the survivor(s)			Sign	atur	(5)									
1.															
1.															
2.															
3.															
(to b	e filled -in by the Part	icinar	ıt)												
ISIN I			N												
		_													
DRN of the dematerialisation															
reques	5L														

## **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.