

ANNEXURE OB
FORM FOR TRANSMISSION ALONG WITH DEMATERIALISATION

To,
Coimbatore Capital Ltd
COINDIA Building
340-342 Avaramplayam Road
K R Puram Post
Coimbatore – 641 006

Date :

I/We, the undersigned, being the joint holders of the following securities along with Mr./Mrs./Ms. _____ (*name of the deceased*) wish to have the name of the deceased deleted from the security certificates. A copy of the death 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 & T Agent accordingly. The details are given below:

Client Id								
Company Name								
Type of Security <i>Equity/Others (please specify)</i>								
Quantity (in figures)								
(in words)								

Sr. No.	Name of the survivor(s)	Signature(s)
1.		
2.		
3.		

(to be filled -in by the Participant)

ISIN	I	N										
DRN of the dematerialisation 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.