

**ANNEXURE OA
TRANSPOSITION FORM
(for transposition and demat cases)**

To,

Date :

Coimbatore Capital Ltd
COINDIA Building
340-342, Avarampalayam Road
K R Puram Post
Coimbatore – 641 014

DP ID : IN300175

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 an account with you. We are also submitting the certificate(s) alongwith DRF 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 :