

FORM FOR DELETION OF NAME(S)

Unit : _____

No. of Shares _____

As per Certified copy of the Death Certificate of the joint holder(s)

From The Name of _____

Ref. Folio No. _____

Number of Share(s): _____

Corresponding Certificate No's	Distinctive Number		No. of shares
	Distinctive No From	Distinctive No. To	

TO THE NAME OF _____

R.F _____ **Occupation** _____

Address _____

NOTE : SIGNATURE OF THE APPLICANT TO BE ATTESTED BY A BANK MANAGER WITH NAME AND EMPLOYEE CODE OF BANK MANAGER.

NEW SIGNATURE: Folio Co Code _____

1. _____

2. _____

3. _____

Transfer No. _____

Approval Date : _____