BO-BO transfer form (Individ	lual Same-hold	er) Date:
Form no:		
Voluntary act of the sharehold	er	
From BOID:		
To BOID:		
Citizenship: Issue district:		, Number:, Issue
Name:		
Fathers Name:		
Mothers Name:		
Spouse Name:		
Grand Father Name:		
Date of Birth:		
I hereby confirm to transfer be	low mentioned s	ecurities:
Script Name	Quantity	Trade ID (To be filled by DP)
Applicant signature:		
DP Authorized signature:		Stamp:
Approval from Counter DP	(DP name):	
Ye	No	
Reason (if no):		
Signature:	Date:	Stamp:
		<u>'</u>
Approval from CDS:		
Signature:	Stamp:	Date: