

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 From	No Distinctive No. To	

TO THE NAME OF _____

R.F _____ **Occupation**

Address

NEW SIGNATURE

NOTE : SIGNATURE OF THE APPLICANT TO BE ATTESTED BY A NOTARY/MAGISTRATE UNDER HIS SEAL OF OFFICE

Specimen Signature	Folio	Co Code
	1.	
	2	4
	3	

Transfer No. _____ **Approval Date :**