

ANNEXURE OA

TRANSPOSITION FORM

(For transposition and demat cases)

Date: _____

To,

Name of Participant : MARWADI SHARES & FINANCE LTD.

Address of Participant : Marwadi Financial Plaza,
Nana Mava Main Road,
Off. 150 ft Ring Road,
Rajkot. 360 005

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) along with 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
IN300974		

Note: Separate Transposition form should be filled by the joint holders for securities having distinct ISINs