

ANNEXURE

ANNEXURE FOR DEMATERIALISATION REQUEST FORM CLIENT NO. 12074800 0000 _____
 NAME OF COMPANY _____

SR. NO	FOLIO NO NO.	CERTIFICATE NO.	CERTIFICATE NO.	DIST NO. FROM	DIST NO. TO	QTY
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SIGNATURE 1. _____, 2. _____, 3. _____

TO BE SIGNED BY ALL THE HOLDER(S)