

**ANNEXURE OA  
 TRANSPOSITION FORM  
 (for transposition and demat cases)**

Date								
------	--	--	--	--	--	--	--	--

To,

**Religare Broking Limited**

Club 125 (Tower A) A-3,4 & 5, Sector- 125, Noida-201301 (U.P.)  
 Ph.: 0120-4866666 Fax: 0120-4866275

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 Depository Account:**

DP Id	Client Id	Names of the account holders
IN301774		

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