

Dematerialisation Request Form

- Normal Dematerialization → Transmission-cum- Dematerialization
→ Transposition-cum-Dematerialization

M. S. N. SECURITIES PVT. LTD.

108 Veena Chambers, Dalal Street, Fort, Mumbai – 400 001
Tel.: 6635 6300 / 2270 3502 * Telefax: 2270 3503 * E-mail: msn@msnsecurities.com

(To be filled up by the Depository Participant)

DRN		Date	D	D	M	M	Y	Y	Y	Y
DRF No.		Date	D	D	M	M	Y	Y	Y	Y

(To be filled by the BO. Please fill all the details in **BLOCK LETTERS** in English. Fill up a separate DRF for Free securities and Locked – in securities. In case of locked - in securities fill up a separate DRF for different lock-in reason / lock-in expiry dates.)

I / We request you to dematerialise the enclosed security certificate(s) registered in my / our name into my / our demat account.

DP ID													Client ID									
Name of First Holder																						
Name of Second Holder																						
Name of Third Holder																						
Name of the Company																						
ISIN	I	N																				
Quantity to be Dematerialized	(In Figures)																					
	(In Words)																					
Number Of Certificates (in words)																						
Nature of Securities			→ Free Securities → Lock-in Securities																			
Lock-in reason																						
Lock in Expiry Date			D	D	M	M	Y	Y	Y	Y												

Details of Securities:						
Type of Security	→ Equity → Debentures → Bonds → Units → Other (Specify)					
Face Value of Securities						
	From	To	From	To	From	To
Folio No.						
Certificate Numbers						
Distinctive Numbers						
Quantity						

Attach an annexure (duly signed by account holder(s)) in the above format if the space is not sufficient.

The original certificates / documents are hereby surrendered by me / us for dematerialisation and the same are free from any lien or charge or encumbrance and represent the bonafide securities of the Issuer Company to the best of my / our knowledge and belief.

	First / Sole Holder	Second Holder	Third Holder
Name			
Signature with DP			
Signature with RTA			

Participant Authorization (From DP to RTA)

We have received the above-mentioned securities bearing ISIN_____ for Dematerialisation. The Application form is verified with the Certificates / Documents surrendered for dematerialisation and we certify that the application form is in accordance with the details mentioned in the enclosed certificates / documents. It is also certified that the Holder(s) of securities have a beneficiary account with us in the same name(s) and order of name(s).

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Annexure 4.5

TRANSMISSION-CUM-DEMATERIALIZATION FORM **(In case of death of one / more of the joint holders)**

Application No.		Date	D	D	M	M	Y	Y	Y	Y
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(Please fill all the details in **Block Letters** in **English**)

To,
Depository Participant Name
Address

Dear Sir / Madam,

I/We, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below. The securities were held by me/us jointly with Mr./Mrs./Ms. _____, who has expired.

The **Original Death Certificate** / a **copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer** (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and physical share certificates listed below.

I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:

DEMAT ACCOUNT NUMBER of surviving BOs:

DP ID								Client ID								
DRF No.								Date	D	D	M	M	Y	Y	Y	Y

Sr. No.	Name of the Security	ISIN	Quantity to be transmitted

If there are more ISINs to be dematerialized, attach an Annexure, duly signed by the account holders

	1	2
Name(s) of the surviving holder(s)		
Signature(s) of the surviving holder(s)		

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.

Date: -

We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from:

Demat Account number of the surviving BO(s):-

DP ID									Client ID								
DRF Number									Date	D	D	M	M	Y	Y	Y	Y

Surviving Holder(s) Name(s) – (strike out what is not applicable):		
First/Sole Holder	Second Holder	Third Holder
Documents Submitted		

Documents subject to verification.

Depository Participants Seal & Signature

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Annexure 13.1 Freeze / Unfreeze Request Form

Please fill all the details in **Block Letters** in English

Ref No.		Date	D	D	M	M	Y	Y	Y	Y
→ Freeze	→ BO Account	→ BO ISIN (given ISIN)	Freeze ID (system generated, to entered DP If BO account is frozen)							
→ Unfreeze										

Account Details

DP ID		Client ID	
Name of the Sol ɀ / First Holder			
Name of Second joint Holder			
Name of Third joint Holder			

Details of Securities. (To be entered for BO–ISIN freeze)

Sr. no.	ISIN	Name of the security	Quantity For Partial Freeze	Freeze ID (To be entered by DP)

Attach an annexure duly signed by the account holder(s), if the space above is insufficient.

Frozen For	→ Debit	→ Credit	→ Both					
Activation Type	→ Current	→ Future						
Freeze Activation Date *	D	D	M	M	Y	Y	Y	Y
Freeze Expiry Date	D	D	M	M	Y	Y	Y	Y
Reason For Freeze								
Freeze Remarks								

* To be entered for future dated freeze.

I / we declare that the particulars given by me/ us above are true to the best of my/ our knowledge.

Name & Signature of the Account Holder(s)			
	First/ Sole Holder	Second Holder	Third Holder
NAME			
SIGNATURE			

===== (Please Tear Here) =====

Acknowledgement Receipt

Received Freeze / Unfreeze request from:

DP ID									Client ID									
Name of the Sole / First Holder																		
Name of Second joint Holder																		
Name of Third joint Holder																		

Depository Participant Seal and Signature

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(Illustrative format)

Request for addition/deletion of beneficiary account details for execution of off-market transfer

To M.S.N. SECURITIES PVT. LTD. 108, Veena Chambers, Dalal Street, Fort, Mumbai – 4000 001. Tel. : 6635 6300 / 2270 3502. Telefax : 2270 3503 E-mail : msn@msnsecurities.com	Date	D	D	M	M	Y	Y	Y	Y
DP ID									
Client ID									
Sole/First Holder Name									
Second Holder Name									
Third Holder Name									
I/We hereby inform you that I/we wish to add/ delete-cancel the beneficiary accounts details below for execution of off-market transfers including inter-depository transfers.									
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
<input type="checkbox"/> Add <input type="checkbox"/> Delete	Beneficiary DP ID								
	Beneficiary Client ID								
	PAN of the First Holder								
1. _____ 2. _____ 3. _____ Authorised Signatory (ies)									

Participant Authorisation

Name:
Signature:

Participant's Stamp & Date