BO-BO transfer form (Individual Same-holder)		Date:	
Form no:			
Voluntary act of the shareholder			
From BOID:			
To BOID:			
Citizenship: Issue district	Number_	Issue y	year
Name:			
Fathers Name:			
Mothers Name:			
Spouse Name:			
Grand Fathers Name:			
Date of Birth:			
Reason for transfer:			
Applicant Signature:			
I hereby confirm to transfer belo	ow mentioned secur	rities:	
Script Name	Quantity		Trade ID (to be filled by DP)
DP Authorized Signature:		Stamp:	
Approval from Counter DP (DF	o name):		_
Yes	No		
Reason (if no):			
Signature:	Date:	Stamp:	
Approval from CDS:			
Signature:	Stamp:	Date:	