



APPLICATION FORM FOR TRANSPOSITION [TRPF]
[TO BE ATTACHED WITH DRF]

Karuna Financial Services Pvt. Ltd.
207, C.R. Avenue, Meridian Plaza, Kolkata-700 006
Tel : 91 33-30910819/20, Fax: 91 33 2533 2613

TRPF No.		Date																		
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Please transpose the names of the holders of securities as identified in the accompanying demat request form and thereafter credit the same in the demat account as detailed below:

DRF No.		Date																		
Name of the Company																				
ISIN		I		N																

DP ID										Client ID										
Name of the holders (As it appears in the Demat Account)																				
First / Sole Holder Name																				
Second Holder Name																				
Third Holder Name																				

Name of the Holders (As it appears on the Certificates):
Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
.1.	
.2.	
.3.	

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
.1.	
.2.	
.3.	

Folio Nos.-

Sr. No.	Name(s) of the Holder(s)
.1.	
.2.	
.3.	

	First / Sole Holder	Second Holder	Third Holder
Name(As per demat a/c)			
Signature with DP			
Signature with RTA			

We state that the above details are true to the best of our knowledge

Depository Participant Seal and Signature

- Note: 1. Separate Transposition form should be filled by the joint holders for securities having distinct ISIN.
2. Please write each combination of names in separate boxes.
3 . Use separate transposition form if there are more than three combinations of names.