

**FORM FOR DELETION OF NAME(S)**

Del -1

**Unit :**

No. of Shares \_\_\_\_\_

**As per Certified copy of the Death Certificate of the joint holder(s)**

From The Name of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ref.Folio No. \_\_\_\_\_

Number of Share(s) ( )

Corresponding Certificate No's	Distinctive Number		No. of shares
	Distinctive From	No Distinctive No. To	

TO THE NAME OF \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

R.F. \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**NOTE : SIGNATURE OF THE APPLICANT  
TO BE ATTESTED BY A NOTARY/MAGISTRATE  
UNDER HIS SEAL OF OFFICE**

**NEW SIGNATURE**

Specimen Signature	Folio _____ Co Code
	1. _____
	2. _____
	3. _____

Transfer No. \_\_\_\_\_

Approval Date : \_\_\_\_\_