## **BO-BO transfer form (Individual Same-holder)**

			Date:
Form no:			
Voluntary act of the shareh	older		
From BOID:			
To BOID:			
Citizenship: Issue district _	Number	Issue year	
Name:			
Fathers Name:			
Mothers Name:			
Spouse Name:			
Grand Fathers Name:			
Date of Birth:			
Reason for Transfer:			
Applicant signature:			
I hereby confirm to transfe	r below mentioned secu	urities:	
Script Name	quantity	Trade ID	(to be filled by DP)
		_	
DP Authorized signature: _		Stamp:	
Approval from Counter	DP (DP name):		
Yes	No L		
Reason (if no):			
Signature:	Date:	Stamp:	
C.A.I.O.			
16 000			
Approval from CDS:			
Signature:	Stamp:	Date:	