

**ANNEXURE OA
TRANSPOSITION FORM
(for transposition and demat cases)**

Date								
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To,

**PUNJAB NATIONAL BANK
DEPOSITORY BACK OFFICE
5, SANSAD MARG, NEW DELHI
Phone: 011-23737539, FAX 011-23739893,
e-mail: pnbdepository@pnb.co.in
DPID-IN300708**

We, the undersigned, being the joint holder(s) of securities of _____

(Name of the Company) wish to have our holdings transposed in the following order in which we have an account with you. We are also submitting the certificate(s) alongwith DRF for dematerialisation.

Names on the certificate of security:

Name	Signature(s)

Details of our client account:

DP Id	Client Id	Names of the account holders

Note: Separate Transposition form should be filled by the joint holders for securities having distinct ISINs