



स्टेट बैंक ऑफ बीकानेर एण्ड जयपुर
STATE BANK OF BIKANER AND JAIPUR
(भारतीय स्टेट बैंक का सहयोगी / Associate of the State Bank of India)

Depository Participant of National Securities Depository Ltd.
DP ID IN302531

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

Date	D	D	M	M	Y	Y	Y	Y
------	---	---	---	---	---	---	---	---

To,
Depository Services Section,
State Bank of Bikaner and Jaipur,
First Floor, Head Office, Tilak Marg,
Jaipur

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 dematerialization.

Names on the certificate of security:

Name	Signature(s)

Details of our client account:

DP Id	Client Id	Name of the account Holder(s)
IN302531		

Note:

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