
FREE OF PAYMENT TRANSFER FORM (CSD FORM 6)

TO BE FILLED BY TRANSFEROR

Transferor's Participant Name: Transferee's Participant Name:

Transferor Account No.: Transferee Account No.:

Transferor Name: Transferee Name:

Purpose of Transaction: Effective Transfer Date:

Particulars of Securities

Security ID/Symbol/Name.:

1 Face value/ No. of securities (in figures):

Face Value/ No. of securities (in words):

.....

Security ID/Symbol/Name.:

2 Face Value/No. of securities (in figures):

Face Value/ No. of securities (in words):

.....

Security ID/Symbol/Name.:

3 Face Value/No. of securities (in figures):

Face Value/No. of securities (in words):

.....

Declaration: (Signed by Transferor)

I/We hereby request the transfer of the above mentioned securities to the recipient stated above as mutually agreed on a FOP basis.
I/We confirm information provided is accurate.

Name: Signature/Thumbprint: Date:
(DD / MM / YY)

Name: Signature/Thumbprint: Date:
(DD / MM / YY)

Name: Signature/Thumbprint: Date:
(DD / MM / YY)

TO BE COMPLETED BY TRANSFEROR DEPOSITORY PARTICIPANT

Transferor's Participant Member Code: Transferee's Participant Member Code:

Verified by.....
NAME/SIGNATURE

Authorized by.....
NAME/SIGNATURE/STAMP

Date:
(DD / MM / YY)
