
SECURITIES TRANSFER FORM (CSD FORM 5)

Please Select

- If beneficial ownership is not changing and both accounts have the same ID type and number.
 If both client accounts are of different clients having different ID type and number.
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Delivering Participant CSD No.: Receiving Participant CSD No.:
 Delivering Participant Name: Receiving Participant Name:
 Delivering Client Account No.: Receiving Client Account No.:
 Delivering Client Name: Receiving Client Name:

Particulars of Securities

Security ID/Symbol.: Security Name:

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

Security ID/Symbol.: Security Name:

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

Security ID/Symbol.: Security Name:

- 3 Face Value/No. of security (in figures):
 Face Value/No. of security (in words):
-

Transfer Type (Select where applicable)

- Inheritance Gift
 Custodian Transactions Consolidation
 Other disposition of eligible securities requiring prior approval of CSD/ GSE/ the appropriate Regulator
-

Declaration: (By Delivering Client)

I/We hereby request the transfer of the above mentioned securities deposited in my/our Security Account with current Depository Participant to my/our Security Account with my/our receiving Depository.

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

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

Depository Participant Declaration:

- I/We hereby certify that I / we have verified the above information and that:
- (1) to the best of our knowledge and information, the name of the securities account holders as it appears on the Account opening form/screen and on the withdrawal from refer to the same person.
 - (2) the person signing the deposit form has the proper authority to do so and I/we agree that the necessary documentary evidence will be made available upon request.

(Authorised Signature)

Date: (DD / MM / YY)

Stamp:

For CSD Use Only

Verified by: (name) (sign) (Date):
(DD / MM / YY)

Verified Stamp:

