



INDOC No. _____

DP ID No. : 13019300
SEBI Regn. No.: IN-DP-CDSL-80-2000

State Bank of India

DP Centralised Processing Cell, CMC House, C-18, Bandra-Kurla Complex, Bandra (East), Mumbai 400 051.

• Help Desk: 1800 22 0488 (Toll free for MTNL/BSNL users) / Ph.: 022-26592123 • Fax : 022-26592127 • Email : querydp@sbi.co.in

APPLICATION FORM FOR TRANSPOSITION (TRPF) (TO BE ATTACHED WITH DRF)

Date :	D D M M Y Y Y Y	TRPF No.	
ISIN :		Security Description:	

A] Please transpose the names of the holders of securities as identified in the accompanying demat request form bearing DRF No. _____ and thereafter credit the same in the Demat account as detailed below:

b] Name of the holders (as it appears in the Demat Account):

I/We request you to make the following addition / modifications / deletions to my/our account in your records.

BO ID		Signature of the Holders		
Sr. No.	Name of the Holders	Sr. No.	As per records of CDSL	As per records of RTA
1		1		
2		2		
3		3		

c] Name of the Holders (as it appears on the Certificates)

Folio Nos. _____

Sr. No	Name(s) of the Holder(s)
1	
2	
3	

Folio Nos. _____

Sr. No	Name(s) of the Holder(s)
1	
2	
3	

Folio Nos. _____

Sr. No	Name(s) of the Holder(s)
1	
2	
3	

We state that the above details are true to the best of our knowledge

Name(s) of the holder(s)			
Signature(s) of the holder(s)			
	First / Sole Holder	Second Holder	Third Holder

For the use of the Registrar and Transfer Agent / Company	Sign and Seal of the Depository Participant
	Name and Signature of Authorised Signatory

Note:

- 1] Separate Transposition form should be filled by the joint holders for securities having distinct ISINs.
- 2] Please write each combination of names on separate boxes in (C). Use separate transposition form if there are more than three combinations of names.