

## 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.

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): 

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

Security ID/Symbol.: ..... Security Name: .....

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

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

Security ID/Symbol.: ..... Security Name: .....

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

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Face Value/No. of securities (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 current  
Depository Participant to my/our Security Account with my receiving Depository Participant and that the information provided are accurate.

Name: .....	Signature /Thumbprint: .....	Date: <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> (DD/MM/YYYY)								
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### For Delivering Depository Participant Use Only

Verified by: ..... (name) (sign) Date: 

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(DD/MM/YYYY)

Verified Stamp: