



**ANNEXURE OA
TRANSPOSITION FORM
(For transposition and demat cases)**

DP ID : IN 303237

BAJAJ CAPITAL LIMITED

Regd. Office: Mezzanine Floor, Bajaj House 97,
Nehru Place, New Delhi-110019
Ph.: 011-41693000, 26418903/06, 66161111
Fax : 011-66608888, 26476638

Date :

We the undersigned, being the joint holder(s) of securities of _____
(Name of 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) along with DRF for dematerialisation.

Name on the certificate of security :-

Name	Signature(s)

Details of Depository Account

DP ID	Client Id	Names of Account holders
IN		

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