

TRANSMISSION FORM

Unit/Company Name : - CITY UNION BANK LTD.

1. Name(s) of the deceased shareholder/s as endorsed on the certificate/s

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1. Shares details

Folio No	Certificate No.	Distinctive Nos.		Shares
		From	To	

3. Particulars of applicant(s) in whose name(s), transfer is to be effected.

Name(s)Name (s)	Father's/Husband's Name	Occupation

4. Address of First Holder in Full with Pin code (Contact No. / E-mail address etc)

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5 ECS Code (the Nine Digit Number appearing in your Cheque Leaf bottom line) (For verification purpose please provide us a copy of your Cheque Leaf)

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6 Bank Mandate Details

Bank Name	
Branch Name & Address	
Account Type	
Account Number	

7. Specimen signature(s) of the applicant(s)

	NAME(S) of the claimant/s	Signature(s)
1.	_____	_____
2.	_____	_____
3.	_____	_____

Attestation: I hereby attest the above signature(s)(To be attested by a Nationalized Bank Manager with Office Seal)

Signature of Bank Manager/Official _____
 Name of the Bank Manager/Official _____
 Bank/Branch Full address with seal _____