

## **Securities Transfer (CSD 4) Form**

## To be completed in BLOCK LETTERS

INVESTOR ACCOUNT NUMBER:		
Name of Transferor:  Address  (A).I/We request VFEX Depository to transfer the following secur	ities out of my /our account number:	
held with my Participant (name)		
Security ID: Counter:		
(B).Name of Participant for Transferor:		
We hereby certify the validity of this transfer document and that	it has been duly executed and authenticated	
Authorised signature: Date and stamp:		
Full name:	Designation:	
(C).I/We consent that the securities mentioned in (A) above be trans	nsferred to my/our Securities Account:	
with (Participant's name)		
Signature/s of Individual account holder/s / Authorised signature	gnatories and/or stamp for institutions	
1Date	2Initial:	Date

FOR PARTICIPANT USE ONLY	FOR VFEX DEPOSITORY USE ONLY
Reviewed By:	VIEW Depository nereby transfers the above security to the (persons) named
ignature:	under "Transferee Details" and requests the necessary entries to be made in the Register. Consideration has been derived from information supplied by the
Date:	Duelton Doutionant is ladeing this transfer at the direction and on helpful of the
	any extent warrant or represent the validity or correctness of the transfe
Verified By:	
Signature:	purposes to be person(s) actually lodging this transfer for registration.
Date:	Verified By:
	Signature:
	Date:
Company Stamp	Date Stamp
Company Stamp	

Initial: \_\_\_\_\_ \_\_\_\_