

ANNEXURE OA

TRANSPOSITION FORM
(For transposition and demat cases)

Date: _____

To,
Star Finvest Pvt. Limited
311, Arunachal Building
19 Barakhamba Road
New Delhi – 110001

DP Id : IN302540

We, the undersigned, being the joint holder (s) of securities of _____
(name of the 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.

Names on the certificate of security:

Name	Signature (s)

Details of our client account:

DP Id	Client Id	Names of the account holders	Signature
IN302540			