TRANSPOSITION FORM

		Date								
To,										
We, the undersigned, being the wish to have our holdings trans					of (<u>N</u>	<u>Nam</u>	ne o	f th	e Co	<u>ompany</u>
Names on the certificate of sec	curity:									
Name		Signature(s)								
Details of our client account:										
Folio No		Names of the account holders								
Note: Separate Transposition for distinct ISINs	m should be	e filled by	the jo	oint h	nolde	ers 1	for	secı	ıritie	es havin
1 st Share Holder Name : Signature :										
2 nd Share Holder Name : Signature :										