

Application No.

## **Inheritance Transfer Form**

**Signed Before** 

Messrs Securities Depository Center							Date:							
Please transfer	the securities regis	stered in the name	sed											
SDC No.:														
specified here	with													
Ref ( ) Dated			I	ssued by										
Sequence	Issı	uer's Name	<u> </u>			No. of Securities						Shareholder No.		
				umber					Written					
1.														
2.														
3.														
4.														
5.														
For the Applicant														
Name:														
SDC No.:														
										Signa	ture:			
Agency Inf														
Agent's Name	<b>::</b>													
SDC No.: Agency Type:			☐ Caretaker	Custon	diam 🗆	l Amont	☐ Ot	de au.						
Agency Type:		,	Caretaker	L Custo	uldii 🗀	Agent		ei		Signa	ture:			
Important Notice: I, the signatory above, acknowledge that the documents data and information presented in this application are correct, accurate and complete and I assume the full responsibility arising therefrom without holding the Securities Depository Center responsible for the invalidity, inaccuracy and/or incompleteness of the said documents, data and information.														
For Securit	ties Depositor	_												
Entry			Name					S	ignatu	re			Date	
Entry														
Annroyal														
Approval														