



Abhipra Capital Limited

Depository Participant with NSDL & CDS
 Abhipra Complex, A-387, Dilkhush industrial Area
 G.T Karnal road, Azadpur, Delhi –110033
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Dematerialisation Request Form (CDS)

DP ID : 15000

DRN _____

Account No. _____

Date _____

I/We request you to dematerialize the enclosed certificated into my / our account as per the details given below:

Details of Securities	Free Securities	Locked- in Securities
Name of the Company		
ISIN		
Type of Security	<input type="checkbox"/> Equity <input type="checkbox"/> Debenture <input type="checkbox"/> Bonds <input type="checkbox"/> Units <input type="checkbox"/> Other (Specify)	
Number of Certificates		
Face Value of Securities		
Quantity to be Dematerialised (In Figures)		
In Words		

Details of Securities:

Folio No.	Free Securities		Locked in Securities		Quantity
	Certificate Nos.		Distinctive Nos.		
	From	To	From	To	

Total No. of Certificates: _____

(In case the space is found to be insufficient, an **Annexure** containing the details of the certificate in the same format may be attached)

In case of locked-in securities fill up a separate DRF for Locked –in Securities having different release dates.

Lock- in reason	
Lock-in release date	

The original certificates/ documents are hereby surrendered by me/us for dematerialisation and the same are free from any lien or charge or encumbrance and represent the bonafied securities of the ISSUER Company to the best of my/our knowledge and belief..

	First/ Sole Holder	Second Holder	Third Holder
Name			
Signature with DP	X	X	X
Signature with RTA	X	X	X

Participant Authorisation (**From DP to RTA**)

We have received the above mentioned securities bearing ISIN:- _____
for Dematerialisation. The application form is verified with the Certificates/ Documents surrendered for dematerialisation and we certify that the application form is in accordance with the details mentioned in the enclosed certificates/ documents. It is also certified that the Holder (s) of securities have a beneficiary account with us in the same name(s) and order of name (s).

Name of the Executive: _____

Signature: X _____

Participant's Name & Seal _____

For Issuer/RTA Office Use:-

Receipt Dt. _____

Internal Tran. No. _____

Rejected Qty. _____

Scrutinised / Appr. By _____

Transfer Dt. _____

Inward No. _____

Accepted Qty. _____

Conf. / Rel. to CDS Dt. _____

X indicates Signature

[Click here for Check List](#)