

TRANSFER FORM

[This Transfer Form should be used by the Account Holders only for transferring securities from Claridge Stockbrokers (Pvt.) Ltd. (CSL) to another Stockbroker Firm/Custodian Bank of their choice.]

To: Central Depository Systems (Pvt.) Ltd.
Ground Floor, M&M Center
341/5, Kotte Road, Rajagiriya
Sri Lanka.

Name of Account Holder/s: _____

Address: _____

Contact Number: _____

Please Note: In the event of Joint CDS Accounts, Margin Trading Accounts and Accounts for Lending Purposes, the address and the contact number of the first named holder, Margin Provider and Bank/Financial Institution (respectively) should be included.

(1) I/We* wish to transfer the following securities out of my/our*

Account No:

REFERENCE NO.

QUANTITY				Company Code				Type		Sub-Type		(Office use only)				

Signature/s of individual/joint account holders/ signature(s) and/or Common Seal for body corporates.

1. _____ 2. _____ 3. _____

Date : _____

(2) *I/We request that the securities mentioned in (1) above be transferred to my/our*

Account No:

--	--	--

--	--	--	--	--	--	--	--	--

--	--

--	--

With _____
(Name of Stockbroker/Custodian Bank)

Signature/s of individual/joint account holders/signature(s) of authorized officer(s) and/or Common Seal for body corporates.

1. _____ 2. _____ 3. _____

Date : _____

Authorised Signature and Stamp of the Stockbroker Firm/ Custodian Bank

(3) Official Use

Checked by: _____
Name Signature Date

Authorized by: _____
Name Signature Date

Name Signature Date

Remarks (if any):

.....
.....
.....

** Delete inapplicable words*