FORM NO. 7B

Date of presentation to the prescribed authority

Share Transfer Form

[*Pursuant to section 108(1A) of the Companies Act, 1956*]

FOR THE CONSIDERATION stated below the "Transferor(s)" named do hereby transfer to the "Transferee(s)" named the shares specified below subject to the conditions on which the said shares are now held by the Transferor(s) and Transferee(s) do hereby agree to accept and hold the said shares subject to the conditions aforesaid.

FULL NAME OF COMPANY	NAME OF THE RECOGNISED STOCK EXCHANGE WHERE DEALT IN, IF ANY

DESCRIPTION OF EQUITY/PREFERENCE SHARES

No. in figures	Number in words	Consideration (in figures)	Consideration (in words)

Distinctive numbers	From								
	To								
Corresponding Certificate Nos.									

TRANSFEROR(S) [SELLER(S)] PARTICULARS   Regd. Folio No. _____

	Name(s) in full		Signature
1		1	
2		2	
3		3	
4		4	

ATTESTATION
I, hereby attest the signature of the Transferor(s) herein mentioned
Signature :
Name :
Address/seal :

Signature of Witness

Name & address of
   Witness
_____
_____
_____
   Pin

TRANSFEREE(S) [BUYER(S)] PARTICULARS

	Name(s) in full		Signature
1		1	
2		2	
3		3	
4		4	

	OCCUPATION	ADDRESS	FATHER'S/HUSBAND'S NAME
1			
2			
3			

Transferee(s) existing Folio, if any, in same order of names		Value of Stamps affixed Rs.	

Dated this _____ day of _____ Two Thousand _____

Place _____

FOR OFFICE USE ONLY

Folio [ ]   Company Code [ ]

Specimen Signature(s) of transferee(s)

Checked by _____

Signatures tallied by _____

Entered in Register of Transfer No. ___

_____

Approval date _____

1. _____

2. _____

3. _____

*C*ontinuation of front page (Herein enter the Distinctive numbers when the space on the front page is found to be insufficient)

Distinctive numbers	From								
	To								
Corresponding Certificate Nos.									

Name of delivery Broker or Clearing Number	Date	POWER OF ATTORNEY	PROBATE	DEATH CERTIFICATE
		LETTERS OF ADMINISTRATION		
		Registered with the Company No. _____ Date _____ _____ [Signature (not initials) of Broker, Bank, Company or Stock Exchange Clearing House] *LODGED BY _____ FULL ADDRESS _____ SHARE CERTIFICATES TO BE RETURNED TO (Fill in the name and address to which the certificates are required to be returned) NAME & ADDRESS _____ __ _ SHARE TRANSFER STAMPS		