Annexure 4.5

Rudra Shares & Stock Brokers Limited (Formerly Known as Gigantic Securities Limited) Corporate Office : Rudra House, (Adjoining Krishna Tower), 15/63, Civil Lines, Kanpur - 208 001 Ph. : 0512-3071647/648 • Fax : 0512-3913929 • E-mail : dp@rudrashares.com • Web : www.rudrashares.com Reg. Office : 73, Rajdhani Nikunj Society, I. P. Extn94, Patparganj,New Delhi-110 092) CDSL DP ID : 12061400 & Sebi Reg. No.: IN-DP-CDSL-518-2009 TRANSMISSION-CUM-DEMATERIALIZATION FORM															RA pility ments					
		<u>TR</u>							MATERIALIZ more of the joint			DRM	<u> </u>							
Application No.									Date	D	D	M	M	Y	N		Y	Y		
(Please fill all the details in Block Letters in English)																				
Dear Sir / Madam																				
I/we, the surviving joint holder(s) request you to dematerialize the enclosed securities in our account as per details given below.																				
The securities were held by me/us jointly with Mr./Mrs./Ms																				
The Original Death Certificate /a copy of the death certificate, duly notarized or attested under seal by a Gazetted Officer (strike out what is not applicable), is attached herewith, along with a duly-filled and signed DRF and phyical share certificate listed below.																				
I/We request you to advise the Issuer/RTA to process the demat request and credit the securities to the demat account mentioned below:																				
	DEMAT ACCOUNT NUMBER of surviving BOs :																			
DP ID	1	2	0	6	1	4	0	0	Client ID											
DRF No.									Date	D	D	M	М	Υ	Υ	Υ	Υ			
Sr.	ISIN		Quantity to be transmitted																	
No.	ING	ame c	of the	Seci	urity						Quantity to be transmitted									
If the are more ISINs to	be de	mate	rialize	ed, at	tach a	an An	nexu	e, du	uly signed by the a	accour	it holde	rs								
	ole Holder		Second Holder																	
Name(s) of the surviving holder(s)																				
Signature(s) of the surviving holder(s)																				
(P ease Tear Here)																				
						Ack	nowl	edge	ement Receipt		D M M									
Application No.									Date	D	D	M	M	Y			Y	Y		
We hereby acknowledge receipt of the following instructions for transmission-cum-dematerialization, as per the details given in the Transmission Form and DRF, from :															the					
Demat Account number of the surviving BO(s) :-																				
DP ID	1	2	0	6	1	4	0	0	Client ID											
DRF No.									Date		D	D	Μ	М	Υ	Υ	Υ	Υ		
Surviving Holder(s) Name(s)- (strike out what is not applicable) :												_								
First / Sole Holder							Sec	ond	Holder			Third	Hold	ler						
Documents Submitted																				
Documents Subject to	verific	ation																		
										Dep	ository	Part	icipa	nts S	eal a	nd S	ignat	ure		