



Head Office: Kalyanam_astu, Om Vijaykrishna Apt., Adharwadi, Kalyan (W) 421-301. Maharashtra.

∰ kalyanjanata.in ⊚ 🌢 🕇 🎔 KJSBank

SHARE TRANSFER FORM (A)

DET	AILS OF APPLICANT																
Date D D M M V Y Y Y Membership No. Customer ID																	
	First Name Middle	Name						Last I	lame								
Member	s Name																
Address	Line 1*																
	Line 2 City	y / Tow	n / Villa	ge*													
	District* Pin / Post Code*		Mo No.	bile													
To,. The I The I Sir/N As a mem	E FILLED BY NOMINEE (IF IN CASE MEMBER IS DECEASED) Chief Executive Officer, Calyan Janata Sahakari Bank Ltd., Kalyan (W) Madam, nominee, I request you to transfer all shares of following member in mother are as follows: First Name Middle of Death D M M Y Y Y Membership No.		ur due 1	co hi	s/her	death	n. De	etails (ceas	ed						
	g a nominee, I authorize to deduct the share transfer charges applicab		er bank' Branch	s rul	e fron	n belo	ow n	nenti	oned	acco	ount.						
	 Indatory 1. Share certificate/s Is losed: 2. If in case share certificate is lost, indemnity bond signed by nominee (Annexure III) Membership I-card/s of deceased member submitted Tick here if membership card is lost Photocopy of death certificate 				Signatur	e/s of a	pplica	nt/nom	inee								
	Details of Deceased Person Membership No. Direct/Indirect liability of deceased member (Loan/Locker/ Guarantor/Other) €		Custom	er I[- 1- :1:										
-	(Loan/Locker/ Guarantor/Other) Direct liability Details of Applicant				ina	irect li	labili	ту									
Membership No. Customer ID Customer ID Cust ID is KYC complied? Application along with copy of documents received & In person Branch WC verification carried out by a									\\os \\No								
٦	Application along with copy of documents received & In person BrackYC verification carried out by : Employee Name : Employee Code : Date : Designation :	anch	Signature	of Bra	nch Offic	ial along	a with	ı Branch	Seal								
HO EMARK	Share Transferred on DD MM M YYYY		are Depar														





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SHARE TRANSFER FORM (B)

DETAILS OF APPLICANT																																	
Date D D M M P Y Y Y Membership No. Customer ID																																	
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Member'	s Name	و																															
Address Line 1*														İ																			
		Lin	e 2														City	 / / T	ow	vn /	Vill	lage	*	Ť	Ť	Ť							
District* Pin / Post Mob													obil	_ e [$\dot{\top}$	$\dot{\top}$	$\overline{}$				\equiv	\equiv											
Code* No.																																	
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То,.																																	
	Chief Ex																																
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First Name Middle Name Name (1)														Last	IVal	ile.																	
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	(2)	_		<u> </u>																												
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Account no. Branch																																	
Mandatory 1. Share certificate/s Enclosed: 2. Self attested copy of PAN & Aadhaar Card 3. Membership I-card/s (transferor) submitted Tick here if membership card is lost 4. If in case share certificate is lost, indemnify bond																																	
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ш	Member Direct/I				cy of	me	mbe	r (tra	ansfe	eror)			ome	er ID	rect	liab	ility				₹		K'	YC c	Cus	olie	ed?	ty	Ye	es [1	No	
FOR BR	Application along with copy of documents received & In person KYC verification carried out by: Employee Name: Employee Code: Designation: Designation: Direct liability Branch Signature of Branch Official along with Branch Seal																																
10 REMARK	Share T	ransfe	erre	d on	D	D]-[M	M —	- Y	Υ	Υ	Υ							are D		Office tmen											