

**APPLICATION FOR TRANSMISSION OF SHARES "Q"**

I/we being the nominee in respect of the undermentioned shares of the Bank allotted to the Late Shri / Smt. \_\_\_\_\_ hereby agree to accept and hold the said shares in my/our name(s) and also agree to pay all calls/arrears due on the said shares and agree to be registered as member (S) in the Register of Member of the Bank subject to the provision of the Memorandum & Articles of Association of the Bank.

Full Name of the Company :

Number and full Description of Shares allotted :

Number & Class of shares allotted :

Date of Death :

Full name of the Nominee(s) :

Name or title of the document(s)  
Produced in support of the claim to  
the shares allotted to the deceased. :

I/We undertake that in case there is any claim from any third party arising out of transmitting the said securities in my/our names. I/we/our respective heirs, executors and administrators defend and keep harmless and indemnify Andhra Bank from and against any actions, causes, suits, proceedings, accounts, claims and demand whatsoever on account of the said securities.

I/We declare that information given above is true and correct to my/our knowledge and that I/we am/are the only nominee(s) in respect of the shares of the Bank allotted to the deceased abovenamed.

SIGNED & DELIVERED by me/us this - \_\_\_\_\_ day of \_\_\_\_\_ 2009

Signature of Witness

Signature(s) of the nominee(s)

Full Name & Address of the Witness

Particulars of the nominee(s) :

Shri/ Smt./ Kum.	Occupation	Full Address	Father's / Husband's Name
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I. For Transmission of shares in favour of the nominee, the following procedure has to be followed:

1. Application for Nomination of Shares-'Q' Form (Proforma as per the attachment in the file NOM\_FORMA.doc)
2. Affidavit in a Rs.100/- non-judicial stamp paper
3. Photo copy of the death certificate duly attested / original death certificate
4. Photo copy of PAN Card of the Nominee (self-attested)
5. Original Share Certificates
6. Any unencashed dividend warrants
7. Photo copy of Bank Account statement
8. Request letter

You may send the forms to us OR to our Registrars.

**Our Address:**

ANDHRA BANK  
MERCHANT BANKING DIVISION  
HEAD OFFICE  
DR. PATTABHI BHAVAN  
SAIFABAD  
HYDERABAD-500004  
PH 040-23252371  
E-MAIL MBD@ANDHRABANK.CO.IN

**Our Registrars address:**

M/s.MCS LIMITED  
UNIT: ANDHRA BANK  
KASHIRAM JAMNADAS BLDG  
OFFICE NO.21/22, GROUND FLOOR  
5, P.D'MELLO ROAD (GHADIYAL GODI)  
MUMBAI-400009  
TEL:022-23726253/54/55  
FAX NO.022-23726252/56