

GlaxoSmithKline Pharmaceuticals Limited Dr. Annie Besant Road, Worli, Mumbai 400 030

DELETION FORM

To, The Registrar, Share Department, GlaxoSmithKline Pharmaceuticals Limit Dr. Annie Besant Road, Mumbai-400030	eed		
Dear Sir/Madam,			
I am/we are holding shares under reconstruction	who expirence with the control of the contr	red on n for registrat t to you is / a	The death ion in your books and re enclosed herewith.
Kindly delete the name of the deceased arbelow: -	nd record the par	ticulars of si	urvivor(s) as mentioned
Sr. Mrs./Mr. Name No.		Occupation	Father Husband
2. 3.			
	Yours faithful	ly,	
ADDRESS	SPECIMEN S	SIGNATUR	ES
	1.		
	2.		
	3.		
FOR OFFICE US INWARD NO.:	SE ONLY		
OLD FOLIO NO.			
NO. OF SHARES NEW FOLIO NO			
DC NO.:	DATE:		



Please submit the following documents:

- Relevant Share Certificates.
- Attested copy of the death certificate(s).
- Prescribed deletion of name form duly completed and signed by all the holder(s) whose signature(s) should be attested by his / her / their Bank Manager under his full name, designation with seal of the bank bearing its name and address.
- Self-attested copies of PAN card & Residence proof of the surviving shareholder(s).