

Certificate(S) Collected By:

## CENTRAL BANK OF THE BAHAMAS STOCK TRANSFER INSTRUMENT FORM

		Transfer Stock From		
	Certificate			
No.	Number	Name on Stock Certificate(s)	Amount	Maturity
	1			
		Transfer Stock To		
	Certificate			
No.	Number	Name(s) on Stock Certificate(s)	Amount	Maturity
				-
Туре:		dividual, <b>PC=</b> Private Company, <b>C=</b> Co-operative, <b>MF=</b> Mutual Fund, <b>TF=</b> Tr	rust Fund, <b>CB=</b> Commerica	l Bank
	P=Public Corporation I		rust Fund, <b>CB=</b> Commerica	l Bank
Bank:	P=Public Corporation I		rust Fund, <b>CB=</b> Commerica	l Bank
Bank: Branc	P=Public Corporation I		rust Fund, <b>CB=</b> Commerica	l Bank
Bank: Branc Accou	P=Public Corporation II  ch: unt No:		rust Fund, <b>CB</b> = Commerica	I Bank
Bank: Branc Accou Posta	P=Public Corporation II  th: unt No: I Address:		rust Fund, <b>CB=</b> Commerica	l Bank
Bank: Branc Accou Posta Phone	P=Public Corporation II  th:  unt No:  I Address:  e Contact		rust Fund, <b>CB=</b> Commerica	l Bank
Bank: Branc Accou Posta	P=Public Corporation II  th:  unt No:  I Address:  e Contact		rust Fund, <b>CB</b> = Commerica	I Bank
Bank: Branc Accou Posta Phone Email	P=Public Corporation II ch: unt No: I Address: e Contact :			l Bank
Bank: Branc Accou Posta Phone Email	e Contact  tures Of Holders		rust Fund, <b>CB</b> = Commerica	l Bank
Bank: Branc Accou Posta Phone Email Signa	P=Public Corporation II ch: unt No: I Address: e Contact :			I Bank
Bank: Branc Accou Posta Phone Email Signa	P=Public Corporation II  th:  unt No: I Address: e Contact : tures Of Holders  owledgment of and BGRS	C= Insurance Company		l Bank
Bank: Branc Accou Posta Phone Email Signa Ackno Form Certif	P=Public Corporation II ch: unt No: I Address: e Contact : tures Of Holders evaledgment of and BGRS ricate	C= Insurance Company  For Register's Use	DATE:	l Bank
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Posta Phone Email Signa Ackno Form Certif Cance New S Comp	P=Public Corporation II  th:  unt No: I Address: e Contact : tures Of Holders  owledgment of and BGRS ricate  I Certificate(s) No.s  Certificate(s) No.s	C= Insurance Company  For Register's Use	DATE:	I Bank

DATE: