(On the Letter-Head of the Company)

Letter of Intent cum Master Creation Form

Kindly ensure that all the columns are properly filled. Write "N.A." wherever not applicable. Fill up the form in BLOCK LETTERS only. Affix stamp and initials in each page of the form.

Date DDMMYEAR

To.

The Managing Director Central Depository Services (India) Limited

A Wing, 25th Floor, Marathon Futurex, Mafatlal Mills Compounds, N M Joshi Marg, Lower Parel (E) Mumbai – 400 013

Dear Sir.

We are interested in offering demat option to our shareholders. Kindly admit the securities as per the attached details and allot an International Securities Identification Number/s (ISIN/s) for the same. We confirm that the information provided is true and correct to the best of our knowledge and we will be solely responsible for any false or incorrect information or failing to furnish the relevant information along with the required documents.

The details of our Company are as given below:

A. Full name of the Company/Asset Management Company with Scheme Name:

Γ																		

B. Previous Name(s) of the Company (Applicable where there is(are) change(s) in name(s) of the Company after incorporation):

Sr. No.	Previous Name		Da	te of	Naı	me (Chai	nge	
1		D	D	M	M	Y	Е	A	R
2		D	D	M	M	Y	Е	A	R

C. Company Information:

Date of Incorporatio	n							D	D	M	M	Y	Е	Α	R
Main Business															
PAN															
TAN															
CIN															
GST							·								

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Indian									PSU									
MNC (Multina	tional	l)							Others (pl sı	oec :	ify)						
Public Limited									Listed									
Private Limited	<u>d</u>								Unlisted	<u>1</u>								
E. Regist	ered	Off	ice A	Add	ress	:												
Address – 1																		
Address – 2																		
Address – 3																		
City									PIN									
State									Country									
Phone – 1									Phone – 2									
Fax									Mobile									
Email ID (s)	1		•			•					•			•			•	
	priate	e bo	x):			/Co	rresp	ond	lance Office	Add	lres	ss (P	ut V	at	th	e		
F. Admin appro	priate tered (if an	Offi y)	ice A	Addı	ress		:		ance Office			ss (P	ut ∨	at	the	e		
F. Admin appro	priate tered (if an	Offi y)	ice A	Addı	ress		:					ss (P	ut V	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2	priate tered (if an	Offi y)	ice A	Addı	ress		:					ss (P	ut v	at	tho	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3	priate tered (if an	Offi y)	ice A	Addı	ress		:					ss (P	ut v	at	the	e		
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Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City State	priate tered (if an	Offi y)	ice A	Addı	ress		:		Other Add			(P	uut v	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City	priate tered (if an	Offi y)	ice A	Addı	ress		:		PIN Country Phone – 2			(P	uut v	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City State Phone – 1 Fax	priate tered (if an	Offi y)	ice A	Addı	ress		:		Other Add			Page (P	ut v	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City State Phone – 1	priate tered (if an	Offi y)	ice A	Addı	ress		:		PIN Country Phone – 2			(P	ut v	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City State Phone – 1 Fax Email ID (s)	tered (if an	Offi y)	ox):	Addi	cable	e if t	ticke	d on	PIN Country Phone – 2			SS (P	ut V	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City State Phone – 1 Fax Email ID (s)	priate tered (if an Adda Adda	Offi y) ress	ox): ice A (Ap	Addi	at t	e if t	ticke	d on	PIN Country Phone – 2 Mobile			SS (P	ut v	at	the	e		
Same as Regis Other Address Other Address – 1 Address – 2 Address – 3 City State Phone – 1 Fax Email ID (s) G. Billing	riate tered (if an Adda Adda g Add tered (if an in	Offi y) ress	s (Ap	Addi	att	e if t	icke	d on	PIN Country Phone – 2 Mobile			SS (P	ut V	at	the	e		

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PIN

 $\begin{array}{c} Address-2 \\ Address-3 \end{array}$

City

State							Country						
Phone – 1							Phone – 2						
Fax							Mobile						
Email ID (s)													

H. Name and Address of Trustee Company (Applicable ONLY in case of Admission of Mutual Fund Scheme):

Name													
Address – 1													
Address – 2													
Address – 3													
City							PIN						
State							Country						
Phone – 1							Phone – 2						
Fax							Mobile						
Email ID (s)													

I. Details of Board of Directors : (Please clearly identify The Chairman, MD and The Wholetime Director(s))

Sr. No.	Name				PA	N			
		PAN							
1		UID							
		DIN							
		PAN							
2		UID							
		DIN							
		PAN							
3		UID							
		DIN							
		PAN							
4		UID							
		DIN							
		PAN							
5		UID							
		DIN							

J. Details of Promoters/Principal Shareholders:

Sr. No.	Name				PA	N			
1		PAN							
1		UID							
2		PAN							
2		UID							
2		PAN							
3		UID							
4		PAN							
4		UID							

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5	PAN													
	UID													
K. Partic	ulars of the Company Secretary:													
Name														
Employee	Practicing													
Designation [I														
Phone – 1	Phone – 2													
Fax	Mobile													
PAN														
Email ID (s)														
L. Particulars of the Compliance Officer (Put √ at the appropriate box): Same as Company Secretary Other Personnel (if any)														
Otner Personn	el (If any)													
Other Personnel (if any) : Other Personnel (Applicable if ticked on Other Personnel): Name														
Designation Phone – 1														
Fax	Mobile Mobile													
PAN														
Email ID (s)														
M. R & T R & T Agent Name	Work of the Company: Details:													
Address – 1														
Address – 2														
Address – 3														
City	PIN													
State	Country													
Phone – 1	Phone – 2													
Fax	Mobile													
Email ID (s)														
Type of Servi	ce (Put $$ at the appropriate box):													
	onnectivity [Physical + Electonic] :													
Only Electron	c Connectivity :													
	SEBI guidelines all Listed Companies must have Single Point Connectivity)													
Physical RTA	Details (If ticked on "Only Electronic Connectivity):													

Name

[Address of the registry operations where the physical securities for dematerialisation / rematerialization are to be deliverd by the Depository Participants]

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Address – 1																					
Address – 2																					
Address – 3																					
City										PIN											
State										Count	ry						1		I		
Phone – 1										Phone	$\frac{5}{2} - 2$										
Fax										Mobi	e										
Email ID (s)		11			-1	1				I			ı								L.
N. Networ	th (Fi	inan	cial (detail	s as	per	· tł	he]	Lat	est Ann	ual Re	port /	Auc	lite	d A	Acco	unts	s):			
Financial Deta	ails as	s on								D	D	M	N	Л	}	ľ	Е		A		R
Particulars						[In	Rs]														
Add	Paic	l up	Cap	ital					A												
Add			_	urplu	ıs				В												
Less	Inta	ngib	le A	ssets					C												
Total Networt	h –			A + I					D												
Appreciation –				If D	> A	1		_			sion -					If I) < .	A			
Appreciation /	Eros	ion	[%]						= I	O/Ax	100 –	100									%
We certify that and correct. We of equity / pref	the performance further	parti	cula unde	rs fur ertake	rnis to	info inge	orn ii	n (n t	CDS he	SL of anterms of	y cha	nge ir issuar	the	e ca	ipit seci	al st urity	truc y/ies	tur s (i	e (i in c	n c ase	ase of
debt instrument sought including Signature of A	g the	listi	ng a	ippro	val/											i adi	miss	S101	n 1s	be	ing
Designation	:																				

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Date : D D M M Y Y Y

Place

: