## (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** | D | D | M | M | Y | E | A | R |

**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 – 400013

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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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** | **Date of Name Change** | | | | | | | |
| 1 |  | D | D | M | M | Y | E | A | R |
| 2 |  | D | D | M | M | Y | E | A | R |

**C. Company Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Incorporation | | | | | | | | | | | | | | | | | | | | | | | | D | | | D | | M | | | | M | | Y | | | E | | | A | | | | R | |
| Main Business |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |
| TAN |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |
| CIN |  |  | |  | | |  |  | |  | |  | |  |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | | |  | | |  |
| GST |  | |  | | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |

**D. Type of Company (Put √ at the appropriate box):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indian |  |  | PSU |  |
| MNC (Multinational) |  | Others (pl specify) |  |
|  | | | | |
| Public Limited |  |  | Listed |  |
| Private Limited |  | Unlisted |  |

**E. Registered Office Address :**

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

**F. Administrative/Corporate/Correspondance Office Address (Put √ at the appropriate box):**

|  |  |  |
| --- | --- | --- |
| Same as Registered Office Address | : |  |
| Other Address (if any) | : |  |

**Other Address (Applicable if ticked on Other Address):**

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

**G. Billing Address (Put √ at the appropriate box):**

|  |  |  |
| --- | --- | --- |
| Same as Registered Office Address | : |  |
| Same as Correspondence Address | : |  |
| Other Address (if any) | : |  |

**Other Address (Applicable if ticked on Other Address):**

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

1. **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) |  | | | | | | | | | | | | | | | | | | | | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name** | **PAN** | | | | | | | | | | | | |
| 1 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| DIN |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| DIN |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| DIN |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| DIN |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| DIN |  |  |  |  |  |  |  |  |  |  |  |  |

1. **Details of Promoters/Principal Shareholders:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name** | **PAN** | | | | | | | | | | | | |
| 1 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |

**K. Particulars of the Company Secretary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee |  | | | | | | | | | | | | | | | | Practicing | | |  | | | | | | | | | | | | | | | |
| Designation [If Employee] | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) | : |  |

**Other Personnel (Applicable if ticked on Other Personnel):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone – 1 |  |  |  |  | |  |  |  | |  |  |  | |  |  | Phone – 2 | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| Fax |  |  |  |  | |  |  |  | |  |  |  | |  |  | Mobile | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| PAN |  | | | |  | | | |  | | | |  | | | |  |  | |  | | | |  | | | |  | | | |  | | |
| Email ID (s) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**M. R & T Work of the Company:**

**R & T Agent Details:**

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

**Type of Service (Put √ at the appropriate box):**

|  |  |  |
| --- | --- | --- |
| Single Point Connectivity [Physical + Electonic] | : |  |
| Only Electronic Connectivity | : |  |

**(Note : As per SEBI guidelines all Listed Companies must have Single Point Connectivity)**

**Physical RTA Details (If ticked on “Only Electronic Connectivity):**

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

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

**N. Networth (Financial details as per the Latest Annual Report / Audited Accounts):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Details as on** | | | | D | D | M | M | | Y | E | A | | R |
|  | | | | | | | | | | | | | |
| **Particulars** | | | | **[In Rs]** | | | | | | | | | |
|  | Paid up Capital | | A |  | | | | | | | | | |
| Add | Reserve & Surplus | | B |  | | | | | | | | | |
| Less | Accumulated losses, if any | | C |  | | | | | | | | | |
| Less | Miscellaneous Expenditure | | D |  | | | | | | | | | |
| **Total Networth –** | | **A + B – C-D** | **E** |  | | | | | | | | | |
| Appreciation – | | If E > A |  | Erosion – | | | | If E < A | | | |  | |
| Appreciation / Erosion [%] | | | = E / A x 100 – 100 | | | | | % | | | | | |

**Note:**

If networth is less than 1 Crore and/ or erosion of capital is more than 50%, three years annual Issuer fees will be applicable (i.e. for the current FY plus payment in advance for the next 2 FYs).

**O. Any Other Information:**

|  |
| --- |
|  |

We certify that the particulars furnished hereinabove as also in the attached documents are true and correct. We further undertake to inform CDSL of any change in the capital structure (in case of equity / preference shares) or change in the terms of the issuance of security/ies (in case of debt instruments / commercial papers / certificate/s of deposits etc) of which admission is being sought including the listing approval/s, registered office from time to time.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| **Signature of Authorized Signatory** | | | | | | | | | | | | |
| **Name** | **:** |  | | | | | | | | | | |
| **Designation** | **:** |  | | | | | | | | | | |
| **Place** | **:** |  | **Date** | **:** | D | D | M | M | Y | Y | Y | Y |

## On the Letter-Head of the Company)

## Letter of Intent cum Master Creation Form - Part B

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** | D | D | M | M | Y | E | A | R |

**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 – 400013

Dear Sir,

We are interested in offering demat option to our shareholders. Kindly admit the **Certificate of Deposits** as per the details given below 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:

**1. Full name of the Company**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2. Full name of the Registrar & Transfer Agent (RTA)**

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**3. Issue Particulars:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Allotment | D | | D | | M | | M | | Y | | E | | A | | R | |
| Face Value (`) |  | | | | | | | | | | | | | | | |
| No. of CDs (Units) |  | | | | | | | | | | | | | | | |
| Size of issue (`) |  | | | | | | | | | | | | | | | |
| Maturity Date | D | | D | | M | | M | | Y | | E | | A | | R | |
| Maturity Value (`) |  | | | | | | | | | | | | | | | |
| ISIN, if already allotted | I | N | |  |  |  | |  |  |  | |  |  |  | |  |

**4. Office of the Issuer (The details given below should be same for all CDSs issed by the Issuer) :**

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

**5. For Issue of CFI Code :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Guarantee (Indicates, in the case of the issuer's insolvency, whether the issue is additionally secured) (Put √ at the appropriate box)** | | | | **Type of Interest (Put √ at the appropriate box)** | | |
| **Gov't/Treasury guarantee** | **Guaranteed** | **Secured** | **Unsecured/ unguaranteed** | **Fixed Rate** | **Zero Rate/ Discounted** | **Variable** |
|  |  |  |  |  |  |  |

**6. Any Other Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We certify that the particulars furnished hereinabove as also in the attached documents are true and correct. We further undertake to inform CDSL of any change in the capital structure (in case of equity / preference shares) or change in the terms of the issuance of security/ies (in case of debt instruments / commercial papers / certificate/s of deposits etc) of which admission is being sought including the listing approval/s, registered office from time to time.

**We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that:-**

1. The Certificate of Deposit (CDs) issued is within the umbrella limit as specified by Reserve Bank of India (RBI)\*\*.
2. The original UPN will be stamped adequately at the time of CD Issue and will be kept with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Bank/FI) issuer with required noting. The noting will be done, such that no trading would take place on the basis of the physical CD (UPN).
3. All policy guidelines of RBI and all procedural and operational guidelines of Fixed Income Money Market and Derivatives Association of India (FIMMDA) for the issue of CD will be followed.
4. The ‘CD Redemption A/c’ Details are:

|  |  |  |
| --- | --- | --- |
|  | Client Name (Issuer Bank / FI) |  |
|  | Client ID (Issuer Bank / FI) |  |
|  | DP Name |  |
|  | DP ID |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*\* Applicable in case of FIs only. | | | | | | | | | | | | |
| **Signature of Authorized Signatory** | | | | | | | | | | | | |
| **Name** | **:** |  | | | | | | | | | | |
| **Designation** | **:** |  | | | | | | | | | | |
| **Place** | **:** |  | **Date** | **:** | D | D | M | M | Y | Y | Y | Y |