## (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)

**Particulars of Commercial Paper/s to be admitted with CDSL**

**(Part – B)**

|  |  |
| --- | --- |
| 1. **Name of the issuing**

 **Company** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **2. Name of the share dept./ R&TA having electronic connectivity with CDSL** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
|  |  |
| **3. Issue particulars** | Offer opening date |  |
|  | Offer closing date |  |
|  | Issue value (Rs.) |  |
|  | Issue date  |  |
|  | Discount rate |  |
|  | ISIN, if already allotted |  |
|  | Maturity date |  |
|  | Redemption value |  |

|  |  |
| --- | --- |
| **4. Rating status with**  **name of the agency** |  |

|  |  |  |
| --- | --- | --- |
| **5. Issuing and paying**  **agent (IPA) details**  | Name &Address |  |
| Tel no |  |
| Fax no |  |
| E-mail  |  |
| Name of the contact person  |  |
| Designation |  |

**6. Status of Listing: (Whether Listed / Unlisted / Proposed to be Listed)**

 **(Exchange Name - If Listed / Proposed to be Listed)**

**7. Any other information:**

 **the applicant may wish**

 **to furnish**

1. **For Issue of CFI Codes:**

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |  |  |

**Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of authorised signatory**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:**

 **Designation:**

# Instructions:

1. **Please ensure to submit all particulars.**
2. **Please tick** √ **wherever applicable**
3. **Write N.A. wherever not applicable.**
4. **Add annexures if required.**
5. **Each page should be stamped and initialed by authorised signatory.**