

MASTER CREATION FORM
Format Of Information Required From Registrar & Transfer Agent

| | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| RTA ID | | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|

(To be given by CDSL)

| | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|

Central Depository Services (India) Ltd.
28th Floor, P J Towers
Dalal Street, Fort
Mumbai 400 023

Dear Sirs

As required by you we are furnishing herewith the details about us for your records.

| | |
|--|--|
| Name of the Registrar & Transfer Agent | |
| Address for Correspondence (Operations) | |
| Tel Nos. | |
| Fax Nos. | |
| E-mail address | |
| Name of the Contact Person (Operational) | |
| Designation | |
| Branch Address –1 | |
| Tel Nos. | |
| Fax Nos. | |
| E-mail address | |
| Name of the Contact Person (Operational) | |
| Designation | |

SEBI REGISTRATION DETAILS

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| SEBI Registration No. | | | | | | | | | | | | | | | | | | | | | |
| Date of Registration with SEBI | | | | | | | | | | | | | | | | | | | | | |
| Date of Expiry of Registration | | | | | | | | | | | | | | | | | | | | | |

BANK PARTICULARS

| | | | | |
|------------------------|--|--|--|--|
| Name of the Bank | | | | |
| Bank Address | | | | |
| | | | | |
| | | | | |
| Account Numbers | | | | |
| MICR NO (9 digit code) | | | | |

We also undertake to inform you about any change in the above information given to you.

Thanking you.

Yours truly,

For

Authorised Signatory