

D. Type of Company (Put \checkmark 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 \checkmark 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 \checkmark 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)																								

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	PAN																			
1		PAN																			
		UID																			
		DIN																			
2		PAN																			
		UID																			
		DIN																			
3		PAN																			
		UID																			
		DIN																			
4		PAN																			
		UID																			
		DIN																			
5		PAN																			
		UID																			
		DIN																			

J. 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 + Electronic]	:	
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 delivered 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
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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:

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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