(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									
	Date	D	D	Μ	Μ	Y	Е	А	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:

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	f Na	me (Chai	ıge	
1		D	D	Μ	Μ	Y	Е	А	R
2		D	D	Μ	Μ	Y	Е	Α	R

C. Company Information:

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

D. Type of Company (Put $\sqrt{}$ at the appropriate box):

Indian	
MNC (Multinational)	

PSU Others (pl specify)

Public Limited	
Private Limited	

Listed	
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 $\sqrt{}$ 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 $\sqrt{}$ 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 <u>ONLY</u> 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
		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	PAN
1		PAN
1		UID
2		PAN
Z		UID
3		PAN
5		UID
4		PAN
4		UID
5		PAN
5		UID

K. Particulars of the Company Secretary:

Name															
Employee									Practicing						
Designation [If]	Em	plo	oye	e]											
Phone -1									Phone -2						
Fax									Mobile						
PAN															
Email ID (s)															

L. Particulars of the Compliance Officer (Put $\sqrt{}$ 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:

K & I Ingent I						
Name						
Address - 1						
Address – 2						
Address – 3						
City			PIN			
State			Country			
Phone – 1			Phone - 2			
Fax			Mobile			
Email ID (s)						•

Type of Service (Put $\sqrt{}$ 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	Μ	Μ	Y	Е	А	R
-------------------------	---	---	---	---	---	---	---	---

Particulars				[In Rs]		
	Paid u	ıp Capital	А			
Add	Reser	ve & Surplus	В			
Less	Accur	nulated losses, if any	С			
Less	Misce	llaneous Expenditure	D			
Total Networt	h –	A + B - C - D	Ε			
Appreciation -		If $E > A$		Erosion –	If $E < A$	
Appreciation /	Erosio	n [%]	= 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	Μ	Μ	Y	Y	Y	Y