PLEASE SEND THE FOLLOWING DOCUMENTS TO OUR RTA (ADDRESS MENTIONED BELOW) FOR NAME DELETION:-

- 1. Original Share Certificate(s),
- 2. Written Request letter, on plain paper, for Name Deletion on Share Certificate(s) duly signed by alive Shareholder(s),
- 3. Self Attested copy of PAN Card of alive shareholder,
- Cancelled Cheque Leaf of Bank Account having Name of the alive shareholder OR Cancelled Cheque Leaf alongwith Copy of 1st Page of Passbook of Bank Account of alive shareholder,
- 5. Email ID of alive shareholder,
- 6. Copy of Death Certificate of deceased shareholder duly attested by attested by a Notary Public or by a Gazetted Officer.
- 7. Signature Verification Certificate for Alive Shareholder(s) as issued by the Bank Manager under his / her Name, Designation, Employee Code and Bank's Rubber Stamp (Format attached).

ADDRESS OF RTA:-

M/S. LINK INTIME INDIA PVT. LTD.

"Geetakunj"

1, Bhakti Nagar Society,
Behind ABS Tower,
Old Padra Road,
Vadodara – 390 015

Phone: 0265 - 3566768

Email: vadodara@linkintime.co.in

Form ISR - 2

(SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03,2021)

Confirmation of Signature of Securities Holder by the Banker

| 1. Bank Name and Branch | |
|---|---|
| | |
| Bank contact details Postal Address | |
| Mobile/Tel number | |
| E-mail address | |
| | • |
| 3. Bank Account number | attach original cancelled cheque leaf |
| | |
| 4. Account opening date | |
| 5. Account holder's PAN | Account Holder's Name |
| | |
| i) | i) |
| ii) | ii) |
| iii) | iii) :) : |
| iv) | iv) |
| 6. Latest photograph of the acco | ount holder(s) |
| | |
| | |
| | |
| i)- Holder Photo ii)- | Holder Photo iii)- Holder Photo iv)- Holder Photo |
| | |
| | |
| | |
| 7 Associat boldon(s) details as a | or Dool, Doografia |
| 7. Account holder(s) details as p | er Bank Records |
| a) Address | |
| | |
| | |
| b) Mobile/Tel number | |
| c) Email address | |
| d) Signature(s) of the Holder(s) | |
| i) 🗷 | |
| 1) | |
| | |
| | |
| iii) 🕰 | |
| iv) 🗾 | Bank Manager's Signature and Bank Seal |
| (To be Mandatorily Filled by the Bank Official) | |
| Place: | Name of the Bank Manager : |
| Date: | Employee Code : |
| Mobile / Tel no: | Email id: |