

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,
4. 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.
B-102 & 103, SHANGRILA COMPLEX, OFF. HDFC BANK,
NEAR RADHAKRISHNA CHAR RASTA, AKOTA,
VADODARA – 390020**

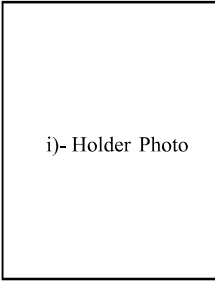
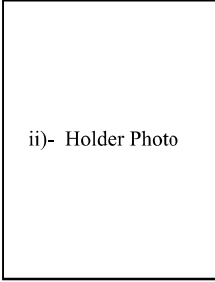
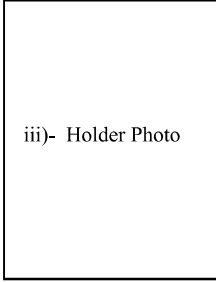
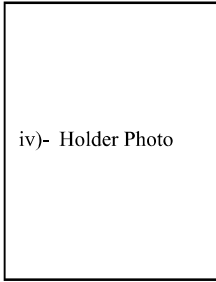





Tel. No. : 0265 - 2356 573 / 2356 794

Email : alpesh.gandhi@linkintime.co.in / yadodara@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			
2. Bank contact details			
Postal Address			
Mobile/Tel number			
E-mail address			
3. Bank Account number	<i>attach original cancelled cheque leaf</i>		
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 account holder(s)			
 i)- Holder Photo	 ii)- Holder Photo	 iii)- Holder Photo	 iv)- Holder Photo
7. Account holder(s) details as per Bank Records			
a) Address			
b) Mobile/Tel number			
c) Email address			
d) Signature(s) of the Holder(s)			
i) 	 <i>Bank Manager's Signature and Bank Seal</i>		
ii) 			
iii) 			
iv) 			
-- (To be Mandatorily Filled by the Bank Official) --			
Place:	Name of the Bank Manager :		
Date:	Employee Code :		
Mobile / Tel no:	Email_id :		