To Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir,

Use the following Form, as and when required, to help us attend to your queries. Use one form for each Company.

Yours faithfully,

FOR **CDSL Ventures Limited.**

(Please return this Form to undermentioned address)

INWARD NO. :\_\_\_\_\_\_\_\_\_\_\_

**QUERY FORM**

To, FROM

**CDSL Ventures Limited.**

I - 202, 2nd Floor (Deck Level)

Tower No.4, Above Belapur Railway Station

CBD Belapur,Navi Mumbai - 400 614. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIN-

 Contact No. :

 (Mention Name and Complete Address)

Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Folio No.

**Particulars of securities involved :**

1. **TYPE :** o SHARES o BEDENTURES o BONDS

 **OTHERS :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) **REFERENCE FOLIO No.(s) :**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (in case of transfer, please mention transferor’s Folio No.(s) )

3. **NO. OF SECURITIES INVOLVED :**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 **DISTINCTIVE NOS :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **CERTIFICATE NOS :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Query** (Please (3) whatever applicable)

 **(A) NON RECEIPT OF CERTIFICATES SENT FOR :**

 o transfer

 o transmission/transposition/amalgamation

 o Name Correction

 o CONVERSION / EXCHANGE

 o SPLIT/CONSOLIDATION

 o SUB-DIVISION / REPLACEMENT

 o ENDORSEMENT OF CALL MONEY

 PARTICULARS :

**(B) NON RECEIPT OF :**

 o DIVIDEND WARRANT 1) FOLIO NO (S) :

 o INTEREST WARRANT o REFUND ORDER/PAY ORDER FOR THE PERIOD

 o BUYBACK CHEQUE

 o ODD LOT PAYMENT

 o TAX DEDUCTION CERTIFICATE (FORM 16A) INTEREST/DIVIDEND DUE DATE :

 o FIXED DEPOSIT RECEIPT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_ o BONUS SHARES AMOUNT RS. :

 o RIGHT SHARES /DEBS /BONDS

**(C) OTHER QUERIES NOT SPECIFIED IN (A) & (B) ABOVE :**

 o LOSS OF SECURITIES / DUPLICATE PROCEDURE o CHANGE OF ADDRESS

 o DEMAT DP ID / CLIENT ID o DRN NO.

 o CERTIFICATE NOT RECEIVED AFTER REJECTION

 ANY OTHER :

**ENCLOSURES**

REFERENCE OF PREVIOUS CORRESPONDENCE WITH US, IF ANY,

 YOUR LETTER(S) TO US CVL REPLY TO YOU SPECIMEN SIGNATURES

LETTER REF DATE LETTER REF DATE 1

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ 2

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ 3

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