## 

## (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 |

**To,**

**The Chief Operating Officer**

**CDSL Ventures Limited**

A Wing, 25th Floor, Marathon Futurex,

Mafatlal Mills Compounds,

N M Joshi Marg, Lower Parel (E)

Mumbai – 400013

Dear Sir,

We hereby appoint you as our Registrar and Transfer Agent (RTA) for establishing connectivity with depository (ies) and for handling all our registry work related to physical shareholders. Kindly admit the securities as per the attached details. 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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**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** | **Date of Name Change** | | | | | | | |
| 1 |  | D | D | M | M | Y | E | A | R |
| 2 |  | D | D | M | M | Y | E | A | R |

**C. Company Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Date of Incorporation | | | | | | | | | | | | | | | | | | | | | | | | D | | | D | | M | | | | M | | Y | | | E | | | A | | | | R | |
| Main Business |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAN |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |
| TAN |  | | | |  | | | |  | | | |  | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |
| CIN |  |  | |  | | |  |  | |  | |  | |  |  | |  | |  | |  | |  | | |  | |  | | |  | | |  | | |  | |  | | | |  | | |  |
| GSTIN |  | |  | | |  | | |  | |  | | |  | |  | |  | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | |

**D. Type of Company (Put √ 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/Correspondence Office Address (Put √ 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 √ 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. Details of Promoters/Principal Shareholders:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name** | **PAN** | | | | | | | | | | | | |
| 1 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  | PAN |  |  |  |  |  |  |  |  |  |  |  |  |
| UID |  |  |  |  |  |  |  |  |  |  |  |  |

**I. Particulars of the Company Secretary:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee |  | | | | | | | | | | | | | | | | Practicing | | |  | | | | | | | | | | | | | | | |
| Designation [If Employee] | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone – 1 |  |  |  |  | |  |  | |  | |  |  |  | |  |  | Phone – 2 | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| Fax |  |  |  |  | |  |  | |  | |  |  |  | |  |  | Mobile | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| PAN |  | | | |  | | | | |  | | | |  | | | |  |  | |  | | | |  | | | |  | | | |  | | |
| Email ID (s) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**J. 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):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone – 1 |  |  |  |  | |  |  |  | |  |  |  | |  |  | Phone – 2 | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| Fax |  |  |  |  | |  |  |  | |  |  |  | |  |  | Mobile | | |  | |  |  |  | |  |  |  | |  |  |  | |  |  |
| PAN |  | | | |  | | | |  | | | |  | | | |  |  | |  | | | |  | | | |  | | | |  | | |
| Email ID (s) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**K. 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) |  | | | | | | | | | | | | | | | | | | | | | | | | |

**L. Networth (Financial details as per the Latest Annual Report / Audited Accounts):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Details as on** | | | | D | D | M | M | | Y | E | A | | R |
|  | | | | | | | | | | | | | |
| **Particulars** | | | | **[In Rs]** | | | | | | | | | |
| Add | Paid up Capital | | A |  | | | | | | | | | |
| Add | Reserve & Surplus | | B |  | | | | | | | | | |
| Less | Intangible Assets | | C |  | | | | | | | | | |
| **Total Networth –** | | **A + B - C** | **D** |  | | | | | | | | | |
| Appreciation – | | If D > A |  | Erosion – | | | | If D < A | | | |  | |
| Appreciation / Erosion [%] | | | = D / A x 100 – 100 | | | | | % | | | | | |

**M. 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 CVL of any change in the above information.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| **Signature of Authorized Signatory** | | | | | | | | | | | | |
| **Name** | **:** |  | | | | | | | | | | |
| **Designation** | **:** |  | | | | | | | | | | |
| **Place** | **:** |  | **Date** | **:** | D | D | M | M | Y | Y | Y | Y |

Particulars of Equity Shares to be admitted with CVL

|  |  |
| --- | --- |
| 1. **Name of the issuing**   **Company** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Particulars of issued**  **Capital** | Type of security | No. of shares | Face value per share (Rs.) | Paid-up value per share (Rs.) |
| Equity |  |  |  |

1. Folio Details

|  |  |
| --- | --- |
| Capital in Physical form as on ddmmyyyy |  |
| No of Physical Folios |  |
| Capital in Electronic Form as on ddmmyyyy |  |
| Number of Accounts |  |

**Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of authorised signatory**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:**

**Designation:**

# Instructions:

1. Please ensure to submit all particulars.
2. Each page should be stamped and initialed by authorised signatory.