

TSR DARASHAW CONSULTANTS PRIVATE LIMITED

(Subsidiary of Link Intime India Private Limited)

C-101, 1st Floor, 247 Park, Lal Bahadur Shastri Marg, Vikhroli (West), Mumbai – 400083
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Business hours Monday to Friday 10.00 a m to 3.30 p m

YOU MAY USE THIS FORM TO INDICATE YOUR REQUEST / QUERY AND SUBMIT THE SAME TO TSR DARASHAW CONSULTANTS PRIVATE LIMITED. USE ONE FORM FOR EACH COMPANY.

QUERY FORM

Date : _____

TO,

FROM, (Mention Name and **Current** Address)

TSR DARASHAW CONSULTANTS PRIVATE LTD.

NAME OF COMPANY: _____

REF FOLIO NO./ACCOUNT NO. : _____

_____ PINCODE: _____

FDR NO.: _____

TEL NO. _____

EMAIL ID : _____

REQUEST/QUERY (PLEASE TICK WHICHEVER APPLICABLE)

REQUEST FOR

- CHANGE OF ADDRESS**
(attach self attested copy of Proof of Identity viz. valid Passport or PAN card alongwith Proof of new address viz.. valid Passport or Aadhaar card or Election Id Card or Electricity / Telephone (only land line) bill / Bank account statement / Passbook (which is not more than 3 months old) duly attested by a Notary Public / First Class Magistrate.
Attestation by Notary Public / First Class Magistrate should mention their name, full address, registration number and affix their seal, Notarial / Court Fee stamps, as applicable.
- CHANGE IN BANK DETAILS**
(attach cancelled cheque leaf in original bearing the name of the first holder)
- NAME CORRECTION** FROM _____ TO _____
(attach copy of Proof of Identity viz., valid Passport or PAN card bearing correct name, duly attested by a Notary Public / First Class Magistrate along with original securities)
- CHANGE IN STATUS** FROM _____ TO _____
- LOSS OF SECURITIES**
(details of securities in your possession _____)
- REVALIDATION OF INSTRUMENT**

NON RECEIPT OF SECURITIES SENT FOR

- | | |
|--|---|
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> NAME CORRECTION |
| <input type="checkbox"/> NAME DELETION / TRANSMISSION /
TRANSPPOSITION / AMALGAMATION | <input type="checkbox"/> EXCHANGE / SUBDIVISION |
| <input type="checkbox"/> SPLIT / CONSOLIDATION / RENEWAL | <input type="checkbox"/> CHANGE IN NAME OF COMPANY |
| <input type="checkbox"/> CALL MONEY ENDORSEMENT | |

NON RECEIPT OF

- | | |
|---|---|
| <input type="checkbox"/> DIVIDEND/INTEREST YEAR(S) _____ | <input type="checkbox"/> SECURITIES AFTER CONVERSION / SUBDIVISION |
| <input type="checkbox"/> BONUS SHARES | <input type="checkbox"/> RIGHT SHARES |
| <input type="checkbox"/> FD INTEREST YEAR(S) _____ | <input type="checkbox"/> FD REPAYMENT |
| <input type="checkbox"/> FIXED DEPOSIT RECEIPT | <input type="checkbox"/> TAX DEDUCTION CERTIFICATE (FORM 16A) |

NOTE: OTHER QUERIES NOT SPECIFIED ABOVE TO BE DETAILED BELOW -

ENCLOSURE(S)

SPECIMEN SIGNATURE(S)

