## (On the Letter-Head of the Company)

## Letter of Intent cum Master Creation Form for Zero Coupon Zero Principal Instruments

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 Managing Director**

**Central Depository Services (India) Limited**

A Wing,  25th Floor, Marathon Futurex,

Mafatlal Mills Compounds,

N M Joshi Marg, Lower Parel (E)

Mumbai – 400013

Dear Sir,

We are interested in offering demat option to our security holders. Kindly admit the securities as per the attached details and allot an International Securities Identification Number/s (ISIN/s) for the same. 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/Trust (Not for Profit Organization):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**B. Previous Name(s) of the Company/Trust (Applicable where there is(are) change(s) in name(s) of the Issuer 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/Trust Information:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Incorporation/ Registration Date | D | D | M | M | Y | E | A | R |
| Main Business |  |
| PAN |  |  |  |  |  |  |  |  |  |  |
| TAN |  |  |  |  |  |  |  |  |  |  |
| CIN/Entity Registration. No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Legal Entity Identifier (LEI) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LEI Expiry Date  | D | D | M | M | Y | E | A | R |
| GST |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**D. Type of Company (Put √ at the appropriate box):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indian |  |  | Public Limited |  |
| MNC (Multinational) |  | Private Limited |  |
|  |
| Listed |  |  |  |  |
| Unlisted |  |  |  |

|  |  |
| --- | --- |
| PSU / Government |  |
| Joint Stock Company |  |
| Statutory Company |  |
| Mutual Fund |  |
| Guarantee and association Company |  |
| Others |  |

**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) |  |

1. **Name and Address of Trustee Company, if applicable.**

|  |  |
| --- | --- |
| Name |  |
| Address – 1 |  |
| Address – 2 |  |
| Address – 3 |  |
| City |  | PIN |  |  |  |  |  |  |
| State |  | Country |  |
| Phone – 1 |  |  |  |  |  |  |  |  |  |  |  |  | Phone – 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax |  |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |  |  |  |
| Email ID (s) |  |

1. **Details of Board of Directors/Trustee : (Please clearly identify The Chairman, MD and The Wholetime Director(s))**

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

1. **Details of Promoters/Principal Shareholders/Key Managerial Persons:**

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

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

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

**L. 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):**

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

**M. R & T Work of the Company:**

**R & T Agent Details:**

|  |  |
| --- | --- |
| Name |  |
| Address – 1 |  |
| Address – 2 |  |
| Address – 3 |  |
| City |  | PIN |  |  |  |  |  |  |
| State |  | Country |  |
| Phone – 1 |  |  |  |  |  |  |  |  |  |  |  |  | Phone – 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax |  |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |  |  |  |
| Email ID (s) |  |

**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 deliverd by the Depository Participants]

|  |  |
| --- | --- |
| Name |  |
| Address – 1 |  |
| Address – 2 |  |
| Address – 3 |  |
| City |  | PIN |  |  |  |  |  |  |
| State |  | Country |  |
| Phone – 1 |  |  |  |  |  |  |  |  |  |  |  |  | Phone – 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| Fax |  |  |  |  |  |  |  |  |  |  |  |  | Mobile |  |  |  |  |  |  |  |  |  |  |  |  |
| Email ID (s) |  |

**N. Any Other Information:**

|  |
| --- |
|  |

We certify that the particulars furnished hereinabove as also in the attached documents are true and correct.

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

## (On the Letter-Head of the Company)

## Letter of Intent cum Master Creation Form

#####  (Part – B)

**Particulars of Zero Coupon Zero Principal Instruments to be admitted with CDSL**

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 Managing Director**

**Central Depository Services (India) Limited**

A Wing, 25th Floor, Marathon Futurex,

Mafatlal Mills Compounds,

N M Joshi Marg, Lower Parel (E)

Mumbai – 400013

Dear Sir,

We are interested in offering demat option to our security holders. Kindly admit the securities as per the details given below and allot an International Securities Identification Number/s (ISIN/s) for the same. 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 securities are as given below:

|  |  |  |
| --- | --- | --- |
| **Issuer Details:** |  |  |
| 1 | Issuer Name | : |  |
| 2 | Issuer Former Name(s) | : |  | Name | With Effect From |
| 01 |  |  |
| 02 |  |  |
| 03 |  |  |
| 3 | Corporate Identity Number (CIN)/Entity Registration No. | : |  |
| 4 | Legal Entity Identifier (LEI) | : |  |
| LEI Expiry Date |  |  |
| 5 | FCRA Registration No. (If any) | : |  |
| 6 | Darpan Registration No.  | : |  |
| 7 | Type of Issuer | Based on ownership |  | (i) | A charitable trust under public trust statue of the relevant state |  |
| (ii)  | A charitable trust under Societies Registration Act, 1860  |  |
| (iii) | A charitable trust under Indian Trusts Act, 1882  |  |
|  | (iv) | Section 8/25 Company under Companies Act, 2013/1956 |  |
|  | (v) | Other *(If chosen ‘Other’, kindly provide the details)* |  |
| 8 | Kindly select specific project or activity undertaken by the Issuer as specified under regulation 292E (2) (a) of SEBI (Issue of Capital and Disclosure Requirements) Regulations,2022 | : | 01 | Eradicating hunger, poverty, malnutrition and inequality; |  |
| 02 | Promoting health care including mental healthcare, sanitation and making available safe drinking water |  |
| 03 | Promoting education, employability and livelihoods |  |
| 04 | Promoting gender equality, empowerment of women and LGBTQIA+ communities; |  |
| 05 | Ensuring environmental sustainability, addressing climate change including mitigation and adaptation, forest and wildlife conservation; |  |
| 06 | Protection of national heritage, art and culture; |  |
| 07 | Training to promote rural sports, nationally recognised sports, Paralympic sports and Olympic sports |  |
| 08 | Supporting incubators of Social Enterprises; |  |
| 09 | Supporting other platforms that strengthen the non-profit ecosystem in fundraising and capacity building; |  |
| 10 | Promoting livelihoods for rural and urban poor including enhancing income of small and marginal farmers and workers in the non-farm sector; |  |
| 11 | Slum area development, affordable housing and other interventions to build sustainable and resilient cities; |  |
| 12 | Disaster management, including relief, rehabilitation and reconstruction activities; |  |
| 13 | Promotion of financial inclusion; |  |
| 14 | Facilitating access to land and property assets for disadvantaged communities; |  |
| 15 | Bridging the digital divide in internet and mobile phone access, addressing issues of misinformation and data protection; |  |
| 16 | Promoting welfare of migrants and displaced persons; |  |
| 17 | Any other area *( If chosen ‘Other’, kindly provide the details)* |  |
|  9 | Address of Registered Office of the Issuer | Add1 | : |  |
| Add2 | : |  |
| Add3 | : |  |
| City | : |  |
| Zip Code | : |  |
| State | : |  |
| Country | : |  |
| 10 | Website of the Issuer | : |  |
| 11 | Details of governing body members: | : |

|  |  |  |  |
| --- | --- | --- | --- |
| Sr.No. | Name | Designation | PAN |
|  |  |  |  |

 |
|  12 | Name and Email Address of the Compliance Officer / Company Secretary | Compliance Officer | : |  |
| Company Secretary | : |  |
| 13 | Details of the Promoter / Promoter Group Companies | Name of the Promoters |  |

|  |  |  |
| --- | --- | --- |
| Sr.No. | Name | PAN |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| Name of the Promoter Group Companies |  | 01 |  |
| 02 |  |
| 03 |  |
| CIN | 01 |  |
| 02 |  |
| 03 |  |
| LEI | 01 |  |
| 02 |  |
| 03 |  |
| Nature of Relationship1. Subsidiary
2. Associate
3. Holding Company
4. Common Directors
5. Others (if any, provide the details)
 | 01 |  |
| 02 |  |
| 03 |  |

|  |
| --- |
| **Instrument Details:** |
| 14 | Type of Instrument |  | 01 | Zero Coupon Zero Principal Instruments |  |
| 02 | Others (Please specify) |  |
| 15 | ISIN (If available) | : |  |
| 16 | Mode of Issue | : | 01 | Public Issue |  |
| 02 | Private Placement |  |
| 03 | Others, please specify |  |
| 17 | Whether tax free | : | 01 | Yes |  |
| 02 | No |  |
| 18 | If Tax Free, quote the section of the Income Tax Act, 1961 under which it is tax free | : |  |
| 19 | Coupon BasisZero Coupon Zero principal Instrument |  | Zero Coupon | Yes  |
| 20 | Indicate whether Partly Paid | : |  |
| If Yes, specify the Paid up Value  | : |  |
| 21 | Instrument Description (Long) | : |  |
| 22 | Instrument Description (Short) | : |  |
| 23 | Series (if any) | : |  |
| 24 | Tranche No. (if any) |  |  |
| 25 | Face Value (per instrument) | : |  |
| 26 | Issue price (per instrument) | : |  |
| 27 | Date of Allotment | : |  |
| 28 | Maturity Date | : |  |
| 29 | Tenure of the instrument at the time of Issuance | : | Years |  |
| Months |  |
| Days |  |
| 30 | Total Allotment Quantity | : |  |
| 31 | Issue Size including Green Shoe Option, if applicable (Total allotment Quantity X Face Value) (Rs. In Crores) | : |  |
| Green Shoe Option | 01 | Yes |  |
| 02 | No |  |
| Amount Raised (Total allotment Quantity X Issuer Price (Rs. In Crores) |  |
| 32 | Project details for which the amount is being raised  | : | Details | Amount allocated |
|  |  |
| 33 | Certificate Nos. / Distinctive Nos. | : | From |  |
| To |  |
| 34 | Scheduled Opening Date  | : |  |
| 35 | Scheduled Closing Date | : |  |
| 36 | Actual Closing Date | : |  |
| 37 | Redemption Type | : | 01 | Full Redemption |  |
| 38 | Registrar (Name, Address & Contact Details) | Organization Name | : |  |
| Contact Person | : |  |
| Designation | : |  |
| Add1 | : |  |
| Add2 | : |  |
| Add3 | : |  |
| City | : |  |
| Zip Code | : |  |
| State | : |  |
| Country | : |  |
| Phone – 1 | : |  |
| Phone – 2 | : |  |
| Fax | : |  |
| Email | : |  |
| 39 | Lead Manager to the issue (Name, Address & Contact Details) |  | : | **1** | **2** |
| Organization Name | : |  |  |
| Contact Person | : |  |  |
| Designation | : |  |  |
| Add1 | : |  |  |
| Add2 | : |  |  |
| Add3 | : |  |  |
| City | : |  |  |
| Zip Code | : |  |  |
| State | : |  |  |
| Country | : |  |  |
| Phone – 1 | : |  |  |
| Phone – 2 | : |  |  |
| Fax | : |  |  |
| Email | : |  |  |
| 40 | Arranger to the issue (Name, Address & Contact Details) |  | : | **1** | **2** |
| Organization Name | : |  |  |
| Contact Person | : |  |  |
| Designation | : |  |  |
| Add1 | : |  |  |
| Add2 | : |  |  |
| Add3 | : |  |  |
| City | : |  |  |
| Zip Code | : |  |  |
| State | : |  |  |
| Country | : |  |  |
| Phone – 1 | : |  |  |
| Phone – 2 | : |  |  |
| Fax | : |  |  |
| Email | : |  |  |
| 41 | Name of Merchant Banker/Consultant/Advisor (if any):: | : |  |
| 42 | Status of Listing | : | 01 | Listed |  |
| 02 | Unlisted | NA |
| 03 | To be listed |  |
| Stock Exchange Details (Applicable, if Listed / To be Listed) | : |  |
| Sr.No. | Name of Social Stock Exchange in which Listed or Proposed to be Listed | Listed / Proposed to be Listed | Date of Listing (If Listed) |
| 01 |  |  |  |
| 02 |  |  |  |
| 03 |  |  |  |
| 43 | Any Other Information | : |  |

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