

TSR DARASHAW LIMITED

6-10 Haji Moosa Patrawala Industrial Estate, 20 Dr. E. Moses Road, Near Famous Studio, Mahalaxmi (West), Mumbai – 400 011
Tel 91 22 6656 8484 Fax 91 22 6656 8494 e-mail csg-unit@tsrdarashaw.com website www.tsrdarashaw.com
Business hours Monday to Friday 10.00 a m to 3.30 p m

USE THIS FORM, AS AND WHEN REQUIRED, TO HELP US ATTEND TO YOUR QUERIES.
USE ONE FORM FOR EACH COMPANY. PLEASE RETURN THIS FORM TO THE ABOVE MENTIONED ADDRESS.

QUERY FORM

TO, _____ Date : _____
FROM, (Mention Name and **Current** Address) _____

TSR DARASHAW LTD. _____

NAME OF COMPANY: _____

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)
- CHANGE IN BANK DETAILS**
(attach copy of cancelled cheque)
- 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 / Bank Manager / First Class Magistrate.)
- CHANGE IN STATUS** FROM _____ TO _____
- LOSS OF SECURITIES**
(details of securites 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 / TRANSPOSITION / 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) _____ _____ _____
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