## Form ISR - 1

(SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03,2021)

## REQUEST FOR REGISTERING PAN, KYC DETAILS OR CHANGES / UPDATION THEREOF

[For Securities (Shares / Debentures / Bonds, etc.) of listed companies held in physical form]

Date:

A. I / We, request you to Register / Change / Update the following (Tick ✓ relevant box)

| □ PAN   |  | ☐ Signature ☐  |              |                              |            |                                |  |  |  |
|---|--|--|--------------|------------------------------|------------|--------------------------------|--|--|--|
| ☐ Bank details  |  | ☐ Registered Address   |              | ☐ E-mail address             |            |                                |  |  |  |
| <u>'</u>  |  |  |              |                              |            |                                |  |  |  |
| B. Security and KYC Details [ to be filled in by the First Holder]  |  |  |              |                              |            |                                |  |  |  |
| Name of the Issuer Company  |  |  |              | Folio N                      | • •        |                                |  |  |  |
| Face value of Securities  | i  |  |              | Number of Secu               |            |                                |  |  |  |
| Distinctive number of Securities (Optional)   |  | From   |              | То                           |            |                                |  |  |  |
| E-mail Address  |  |  |              |                              |            |                                |  |  |  |
| Mobile Number   |  |  |              |                              |            |                                |  |  |  |
| Serial No   | { } << Kindly write the Serial no as printed in KYC Form |  |              |                              |            |                                |  |  |  |
| _   |  |  |              |                              |            |                                |  |  |  |
| C. I/We are submitting documents as per Table below (tick ✓ as relevant, refer to the instructions):  Name(s) of the Security holder(s) in Capital as per PAN  PAN Linked to  |  |  |              |                              |            |                                |  |  |  |
|   | -  | I with date to be enclosed with this Form.   |              | PAN                          |            | PAN Linked to                  |  |  |  |
| Copies of Francisca and the Health (e) and  | ., sem attestea  |  |              |                              |            | Aadhar -Y/N Tick any one [✓] * |  |  |  |
| 1.  |  |  |              |                              |            | Yes / No                       |  |  |  |
|   |  |  |              |                              |            | •                              |  |  |  |
| 2.  |  |  |              |                              |            | Yes / No                       |  |  |  |
| 3.  |  |  |              |                              |            | Yes / No                       |  |  |  |
| 4.  |  |  |              |                              |            | Yes / No                       |  |  |  |
| Note: * PAN shall be valid only i   | if it is linked t  | o Aadhar by March 31, 2022, or any oth   | ner date as  | may be specified by CBDT     | -          |                                |  |  |  |
|   |  | Bank Account Details   | of First     | Holder                       |            |                                |  |  |  |
| Name of the Bank<br>& Branch  |  | IFSC   |              |                              |            |                                |  |  |  |
| Bank A/c No.  |  | Tick any one [√]- Acct type ☐ Savings ☐Current ☐ NRO ☐ NRE ☐ Any other [ ]         |              |                              |            |                                |  |  |  |
|   |  |  |              |                              |            |                                |  |  |  |
|   |  | ng the name of the first holder is mar<br>or registering the Bank Account details. | idatory, fai | ling which first security ho | ider shall | submit copy of bank            |  |  |  |
|   | -  |  |              |                              |            |                                |  |  |  |
| Demat Account Number  |  | 16 digit DP/CL [   |              |                              |            |                                |  |  |  |
| Also provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.  |  |  |              |                              |            |                                |  |  |  |
| -   | -  | · -  | -            | -                            |            | arate Annexure if extra        |  |  |  |
| <b>Authorization:</b> I / We authorize you (RTA) to update the above PAN and KYC details in my / our above folio(s) (use Separate Annexure if extra space is required) in which I / we are the holder(s).  [ strike off what is not applicable] |  |  |              |                              |            |                                |  |  |  |
| <b>Declaration:</b> All the above facts and documents enclosed are true and correct.  |  |  |              |                              |            |                                |  |  |  |
| First Holder  |  | Joint Holder - 1   | J            | oint Holder - 2              | J          | loint Holder - 3               |  |  |  |
| ΦĮ  |  |  |              |                              |            |                                |  |  |  |
| atur  |  |  |              |                              |            |                                |  |  |  |
| Signature   |  |  |              |                              |            |                                |  |  |  |
|   |  |  |              |                              |            |                                |  |  |  |
| Name  |  |  |              |                              |            |                                |  |  |  |
|   |  |  |              |                              |            |                                |  |  |  |
|   |  |  |              |                              |            |                                |  |  |  |
| Address   |  |  |              |                              |            |                                |  |  |  |
| Add   |  |  |              |                              |            |                                |  |  |  |
|   |  |  |              |                              |            |                                |  |  |  |
| PIN   |  |  |              |                              |            |                                |  |  |  |

Note: If the address mentioned above differs from the address registered with the Company, you are requested to record the new address by submitting the documents as specified in point (3) overleaf.

## I/We are submitting documents as per Table below (tick ✓ as relevant, refer to the instructions):

| No. | <b>✓</b> | Document/Information/Details         | Instruction/Remark  |  |  |  |  |
|-----|----------|--------------------------------------|---|--|--|--|--|
| 1   |          | PAN of (all) the (joint) holder(s)   | PAN copies of all the holder(s) duly self-attested with date to be enclosed. PAN shall be valid only if it is linked to Aadhar by March 31, 2022, or any date as may be specified by the CBDT. For Exemptions / Clarifications on PAN, please refer to Objection Memo as specified in SEBI circular.  |  |  |  |  |
| 2   |          | Demat Account Number                 | Provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.   |  |  |  |  |
| 3   |          | Proof of Address of the first Holder | Provide self-attested copy of any ONE of the documents, issued by a Govt. Authority, only if there is change in the address.  Client Master List (CML) of your Demat Account, provided by the Depository Participant.  Valid Passport/ Registered Lease or Sale Agreement of Residence/ Driving License/Flat Maintenance Bill*  Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.  Identity card (with Photo) / document with address, issued by Central/State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions.  For FII / sub account, Power of Attorney given by FII / subaccount to the Custodians (which are duly notarized and / or apostilled or consularised) that gives the registered address should be taken.  The proof of address in the name of the spouse*  * Kindly provide additional self-attested copy of Identity Proof of the holder/claimant. |  |  |  |  |
| 4   |          | Bank details                         | Provide the latest copy of the bank statement with details of bank name, branch, account number and IFSC or Original cancelled cheque leaf bearing the name of first holder. Alternatively, Bank details available in the CML as enclosed will be updated in the folio.   |  |  |  |  |
| 5   |          | E-mail address                       | As mentioned on Form ISR-1, alternatively the E-mail address available in the CML as enclosed will be updated in the folio.   |  |  |  |  |
| 6   |          | Mobile                               | As mentioned on Form ISR-1, alternatively the mobile number available in the CML as enclosed will be updated in the folio.  |  |  |  |  |
| 7   |          | Specimen Signature                   | Provide banker's attestation of the signature of the holder(s) as per Form ISR – 2 and Original cancelled cheque leaf bearing the name of the first holder.   |  |  |  |  |
| 8   |          | Nomination                           | Submit Form(s) as per any ONE of the following options.  SH-13 For First Time Nomination  SH-14 For Change in Existing Nomination  SH-14 and ISR-3 For Cancellation of existing Nomination and to "Opt-Out"  ISR-3 To "OPT-Out" of Nomination or if No-Nomination is required   |  |  |  |  |