

### International Data Management Ltd.

Registered Office : 806, Siddhartha, 96, Nehru Place, New Delhi - 110019, Tel. : 011-26444812

www.idmlimited.in

To,

Date: March 25, 2022

All Shareholders

## Sub.: Furnish / Update KYC pursuant to SEBI Circular no. SEBI/HO/MIRSD/ MIRSD\_RTAMB /P/ CIR/2021/655 read with SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/687

Dear Shareholder,

As mandated by above mentioned SEBI circulars dated 3<sup>rd</sup> November, 2021 and 14<sup>th</sup> December, 2021 every physical shareholder is required to update their KYC with the Company and furnishing / update PAN, KYC details and Nomination. It has been observed that your details are not in compliance of said circulars. Accordingly, you are hereby requested to please furnish/ register / Change in / Update: a) PAN, b) Nominee, c) Contact details (postal address, Mobile number & E-mail), d) Bank details and e) Signatures.

It is also informed that any outstanding payment including dividend, can only be processed once abovementioned documents/requirements are submitted to RTA.

Therefore, you are requested to provide following documents to update your KYC in the records of the Company & RTA:

Form	Description			
Form ISR-1	Request For Registering Pan, KYC Details Or Changes / Updation Thereof			
Form ISR-2	Confirmation of Signature of securities holder by the Banker			
Form ISR-3	Declaration Form for Opting-out of Nomination by holders of physical securities			
	in Listed Companies			
Form SH-13	Nomination Form			
Form SH-14	Cancellation or Variation of Nomination			

Formats of the above documents are enclosed for your necessary action. These forms are also available at the websites of Registrar i.e. <u>www.skylinerta.com</u> & Company i.e. <u>www.idmlimited.in</u>.

You are requested to furnish/update the above information to the Registrar & Transfer Agent of the Company i.e. Skyline Financial Services Private Limited at email address: <u>sparmar@skylinerta.com</u> and/or <u>parveen@skylinerta.com</u> or send/post your communication to the address at:

#### **Skyline Financial Services Private Limited**

D-153 A| Ist Floor | Okhla Industrial Area, Phase – I, New Delhi- 110020 Tel.: 011-26812682, 40450193 to 97| Web: <u>www.skylinerta.com</u>

Your prompt response is solicited, thanking you.

Regards, For International Data Management Limited Sd/-Jasbir Singh Marjara Company Secretary and Compliance Officer

Encl.: As above

### Form ISR – 1

(see SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

# 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 $\Box$ relevant box)

D PAN	Bank details	☐ Signature
□ Mobile number	E-mail ID	Address

#### **B.** Security Details:

Name of the Issuer Company	Folio No.:	
Name(s) of the Security holder(s)	1.	
as per the Certificate(s)	2.	
	3.	
Number & Face value of		
securities		
Distinctive number of securities	From To	
(Optional)		

## **C.** I / We are submitting documents as per Table below (tick $\Box$ as relevant, refer to the instructions):

		Document / Information / Details	Instruction / Remark
1	PA	N of (all) the (j	oint) holder(s)
		PAN Whether it is Valid (linked to Aadhaar):□ Yes □No	PAN shall be valid only if it is linked to Aadhaar by March 31, 2022* For Exemptions / Clarifications on PAN, please refer to Objection Memo in page 4
2		Demat Account Number	Also provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.

	 1					
3	Proof of	Any one of the documents, only if there is change in the address;				
	Address of the first	Client Master List (CML) of your Demat Account, provided by DP.				
	holder	□ 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 / document with address, issued by any of the following: 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 / sub-account 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				
4	Bank details	Account Number:				
		Bank Name:				
		Branch Name:				
		IFS Code:				
		Provide the following:				
		original cancelled cheque with name of security holder printed on it orBank				
		Passbook or Bank Statement attested by the Bank#				
5	E-mail					
	address	#				
6	Mobile					
		L#				

\* or any date as may be specified by the CBDT (DP: Depository Participant) # In case it is not provided, the details available in the CML will be updated in the folio

Authorization: I / We authorise you (RTA) to update the above PAN and KYC details in my / our folio(s) \_\_\_\_\_\_, *(use Separate Annexure if extra space is required*)in which I / We are the holder(s) (strike off what is not applicable).

**Declaration:**All the above facts stated are true and correct.

	Holder 1	Holder 2	Holder 3
Signature	$\checkmark$		
Name	$\checkmark$		
Full address	$\checkmark$		
PIN			

### Form ISR – 2

(see circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

1. Bank Name a	nd Branch						
2. Bank contact							
Postal Addres							
Phone numbe							
E-mail addres	S						
2 Dank Associat							
3. Bank Account	number						
4. Account open	ing date						
4. Account open							
5. Account holde	er(s) name(s)			1)			
	() ()			,			
				2)			
				3)			
<b>-</b> • • • • •							
6. Latest photog	raph of the acc	count hole	der(s)				
1 <sup>st</sup>	<sup>t</sup> Holder		2 <sup>nd</sup> He	older		3 <sup>rd</sup> Holder	
							-
	er(s) details as	per Bank	Records				
a) Address							
b) Phone nu	mhor						
b) Phone nu c) Email add							
d) Signature							
						[	
1)		2)			3)		
Signature verified as recorded with the Ban				h the Bank			
Seal of the Bank							
Place:		nature)	Dank M	nagor			
Place:		ne of the ployee Co		anagel			
Date:							
	Date: E-mail address						

### Confirmation of Signature of securities holder by the Banker

### Form ISR - 3

### Declaration Form for Opting-out of Nomination by holders of physical securities in Listed Companies

(see SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

[Under Section 72 r/w Section 24 (1) (a) of Companies Act, 2013 r/w Section 11(1) and 11B of SEBI Act, 1992 and Clause C in Schedule VII and Regulation 101 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)]

Name of the Company : Registered Address of the Company:

I / we ..... the holder(s) of the securities particulars of which are given hereunder, *do not wish to nominate* any person(s) in whom shall vest, all the rights in respect of such securities in the event of my /our death.

PARTICULARS OF THE SECURITIES (in respect of which nomination is being opted out)

Nature of Securities	Folio No.	No. of Securities	Certificate No.	Distinctive No.

I/ we understand the issues involved in non-appointment of nominee(s) and further are aware that in case of my / our death, my / our legal heir(s) / representative(s) are required to furnish the requisite documents / details, including, Will or documents issued by the Court like Decree or Succession Certificate or Letter of Administration / Probate of Will or any other document as may be prescribed by the competent authority, for claiming my / our aforesaid securities.

Name(s) and Address of Security holders(s) Sole / First Holder Name Signature(s)

Second Holder Name

Third Holder Name

Name and Address of Witness	Signature

### Form No. SH-13

#### **Nomination Form**

#### [Pursuant to section 72 of the Companies Act, 2013 and rule 19(1) of the Companies (Share Capital and Debentures) Rules 20147

То

Name of the company:

Address of the company:

I/We ..... the holder(s) of the securities particulars of which are given hereunder wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my/our death.

(1) PARTICULARS OF THE SECURITIES (in respect of which nomination is being made)

Nature of	Folio No.	No. of	Certificate	Distinctive
securities		securities	No.	No.

### (2) PARTICULARS OF NOMINEE/S -

(a) Name:

- (b) Date of Birth:
- (c) Father's/Mother's/Spouse's name:
- (d) Occupation:
- (e) Nationality:
- (f) Address:

(g) E-mail id:					
(h) Relationship with th	e security holder:				
(3) IN CASE NOMINEE IS A	MINOR				
(a) Date of birth:					
(b) Date of attaining m	ajority				
(c) Name of guardian:	(c) Name of guardian:				
(d) Address of guardia	(d) Address of guardian:				
	Name:				
	Address:				
Name of the Security					
Holder (s)	Signature	Witness with			
		name and address			

### Form No. SH-14

### **Cancellation or Variation of Nomination**

### [Pursuant to sub-section (3) of section 72 of the Companies Act, 2013 and rule 19(9) of the Companies (Share Capital and Debentures) Rules 2014]

Name of the company:

I/We hereby cancel the nomination(s) made by me/us in favor of.....(name and address of the nominee) in respect of the below mentioned securities.

or

I/We hereby nominate the following person in place of ...... as nominee in respect of the below mentioned securities in whom shall vest all rights in respect of such securities in the event of my/our death.

 PARTICULARS OF THE SECURITIES (in respect of which nomination is being cancelled / varied )

Nature of	Folio No.	No. of	Certificate	Distinctive
securities		securities	No.	No.

(2) (a) PARTICULARS OF THE NEW NOMINEE:

- i. Name:
- ii. Date of Birth:
- iii. Father's/Mother's/Spouse's name:
- iv. Nationality:
- v. Address:
- vi. E-mail id:

vii. Relationship with the Security holder:
(b) IN CASE NEW NOMINEE IS A MINOR
i. Date of Birth:
ii. Date of attaining majority
iii. Name of guardian:
iv. Address of guardian:
Signature
Name of the Security
Holder (s)
Witness with name and address