

SHAREHOLDER'S FEEDBACK FORM

Name of First / Sole Shareholder*

DP ID and Client ID or Folio Number*

Mobile Number*

Email ID*

Rating for the services provided by the shareholders:

Excellent

Good

Needs Improvement

Satisfactory response to queries / complaints

Details / information available on the website of the Company

Presentation of details / documents on the website of the Company

Annual Report Quality and content

Overall rating of our investor service

Any grievance pending so far

Yes

No

Any Suggestion on Improvement of Investor Services