



T.STANES & COMPANY LIMITED

Registered Office: 8/23-24, Race Course Road,Coimbatore – 641018
Tel: 0422 2221514, 2223515-18, FAX: 0422 2220432
Email : tstanes@vsnl.com, Website: www.tstanes.com
CIN : L02421TZ1910PLC000221

Date:

Dear Sir(s) / Madam,

The Companies Act, 2013 has come into effect from 01/04/2014 which mandates the following information relating to each shareholder to be maintained by the Company in its Register of Members –

PARTICULARS	1 st / SOLE HOLDER	1 st JOINT HOLDER	2 nd JOINT HOLDER
E-mail ID [1 st Holder only]			
PAN No.			
AADHAR No. [UI No.]			
Mother's Name			
Occupation			

PARTICULARS	INFORMATION FURNISHED
CIN No. [in case Member is Body Corporate]	
Name of Guardian [in case Member is Minor]	
Date of Birth of Member [in case of Minor]	

Date :
Place :

Signature of Member
[Sole / First Holder]

We request you to provide us the above information in respect of the First Holder and Joint-holder(s), if any, as indicated above and return us this letter duly signed, keeping a photocopy for your record.

We also request you to send us your and your joint holders' (if any) Specimen Signatures by signing in black ink in the Signature card and send it to us along with a self-attested photocopy of your and your joint-holders' (if any) PAN CARD [Mandatory] for updation of our record.

Thanking you,
Yours Faithfully,
For T.Stanes & Company Limited,

REGISTRARS

Encl: As Stated.

P.S.: Being computer generated letter, no signature is necessary.

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SPECIMEN SIGNATURE CARD

Folio No : _____ Specimen Signature(s)

Name : _____

Name : _____
[1st Jt. Holder]

Name : _____
[2nd Jt. Holder]

To,
M/s. Integrated Enterprises [India] Limited.,
Unit: T.Stanes & Company Limited
5A, 5th Floor, Kence Towers,
No.1, Ramakrishna Street,
North Usman Road, T.Nagar,
CHENNAI - 600017

Dear Sir(s) / Madam,

SUB: PAYMENT OF DIVIDEND [ELECTRONIC CLEARING SERVICES / BANK PARTICULARS] –
T.STANES & COMPANY LIMITED

I wish to participate in the Electronic Clearing Services and give below the details of my Bank Account, to which you may electronically credit the payment due to me against the reference Folio No. mentioned below –

1.	Name of the First Holder [in Block Letters]	:	
2.	E Mail ID	:	
3.	Telephone / Mobile No.	:	
4.	Registered Folio No.	:	
5.	Name of the Bank	:	
6.	Branch Name & Address	:	
7.	Account Number [As appearing on your Cheque Book]	:	
8.	Account Type [Savings Bank A/c, Current A/c or Cash Credit A/c]	:	
9.	Nine [9] Digit code number of the Bank & Branch appearing on the MICR Cheque Issued by the Bank [Please attach photo-copy of the accuracy of the MICR Code]	:	

♦ I do not wish to opt for ECS facility and therefore request the following Bank details to be incorporated on the Dividend warrant.

1.	Bank Name	:	
2.	Branch Name & Address	:	
3.	A/c Type [SB/Current/Cash Credit]	:	
4.	A/c Number [As mentioned in Cheque Book]	:	

I hereby declare that the particulars given above are correct and complete. I undertake to inform of any subsequent changes in the above particulars. If the ECS payment transaction is delayed or not effected for any reasons I would not hold the Company responsible.

Signature of the First Named Shareholder

Name :
Address :

Tel No :
Mobile :