

## RLP Securities Private Limited DP: CDSL, DPID: 12043400

202, Nirmal Towers, Dwarakapuri Colony, Hyderabad – 500082. Phone No.s : 040-66755863 / 30603681 Fax : 66108495 Email : dp\_rlp@yahoo.com

Annexure 9.1

## Rematerialization Request Form [RRF]

| To,                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         |                                                                |                                                     |                       | -                      | _         |        |                   |                |       |                 |          |             |                   |
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| RLP Securities PVt. Ltd. 202, Nirmal towers, Dwaral                                                                                                                                                                                             | capuri col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | onv                                          |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Punjagutta, Hyderabad - 50                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Orry,                                        |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| RRN                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         |                                                                |                                                     |                       | <u> </u>               | Date      |        | 1                 |                |       |                 | 1        |             | 1                 |
| Please fill all the details in                                                                                                                                                                                                                  | Disabili                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -44                                          | in [       | ممانمه                                  | /ln 2222                                                       | of Look                                             | in Coo                | . mistico              |           |        |                   | DDI            |       | ا مماد          | in on    |             |                   |
| having different Lock-in exp                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | ın E       | ngiisn.                                 | (in case                                                       | OI LOCK-                                            | ın Secu               | inues,                 | , IIII up | o sep  | arate             | KKI            | . 101 | LOCK-           | ın se    | curit       | ies               |
| RRF No                                                                                                                                                                                                                                          | niy dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )·                                           |            |                                         |                                                                |                                                     |                       |                        | Date      |        |                   |                |       |                 |          |             | Г                 |
| I/We request you to arrang                                                                                                                                                                                                                      | e to rema                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | toriali-                                     | zo tho     | COCUI                                   | ities mer                                                      | tioned he                                           | reunde                | r hold                 |           |        | at ac             | COLIF          | ıt    |                 |          |             |                   |
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| Name of the Company                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         | l l                                                            | 1 1                                                 | 10.                   |                        |           |        |                   |                |       |                 |          |             |                   |
| ISIN                                                                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N                                            |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Type of Security                                                                                                                                                                                                                                | Equi<br>Uni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |            |                                         |                                                                | entures<br>r (Specify                               | ')                    | В                      | ds        |        |                   |                |       |                 |          |             |                   |
| Number of Securities to                                                                                                                                                                                                                         | In figure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| be Rematerialized                                                                                                                                                                                                                               | In Word                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Type of Lot Requested                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ket Lo                                       | ot.        |                                         |                                                                |                                                     | Specify               | / Dend                 | omina     | ition) |                   |                |       |                 |          |             |                   |
| Type of Securities                                                                                                                                                                                                                              | Free                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | е                                            |            |                                         | )ck-                                                           | in                                                  |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Lock-in Reason                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         |                                                                | 1                                                   |                       |                        |           | 1      |                   |                |       |                 | 1        |             |                   |
| Lock-in Expiry Date  Documents Enclosed                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 | 1        |             |                   |
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| Account Holder's Details                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Name of the First Holder Father / Husband Name of                                                                                                                                                                                               | First Hole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | dor                                          |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Name of the Second Holde                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jei                                          |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Name of the Third Holder                                                                                                                                                                                                                        | <u>'</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |            | -                                       |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Occupation of the First Ho                                                                                                                                                                                                                      | lder                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| Details of Existing Folio (if                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       |                 |          |             |                   |
| * In case of remat for rep                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | F                                            |            |                                         |                                                                |                                                     |                       |                        |           |        |                   |                |       | ****            |          | <u> </u>    |                   |
| in case of remation rep                                                                                                                                                                                                                         | irchase,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Form                                         | prov       | ıaea b                                  | y tne res                                                      | spective (                                          | compa                 | ny sh                  | ould b    | be att | acne              | ed ald         | ong ' | with t          | he Ri    | ۲r.         |                   |
| in case of remarior rep                                                                                                                                                                                                                         | archase,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |            | Holde                                   |                                                                | spective                                            | Secon                 |                        |           | be att | acne              | ed ald         |       | with t<br>rd Ho |          | ₹F.         |                   |
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| Name<br>Signature as per RTA                                                                                                                                                                                                                    | irchase,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |            |                                         |                                                                | spective                                            |                       |                        |           | be att | acne              | ed aid         |       |                 |          | KF.         |                   |
| Name<br>Signature as per RTA<br>Records                                                                                                                                                                                                         | irchase,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |            |                                         |                                                                | spective (                                          |                       |                        |           | be att | acne              | ed ald         |       |                 |          | KF.         |                   |
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| Name Signature as per RTA Records Signature as per DP Records                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | First /                                      |            |                                         |                                                                | spective                                            |                       |                        |           | be att | acne              | ed ald         |       |                 |          | <b>Κ</b> Γ. |                   |
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for RLP Securities Pvt. Ltd