

To: Datamatics Business Solutions Limited. (formerly known as Datamatics Financial Services Limited.) Plot no. B-5, Part B Cross lane, MIDC, Andheri (east), Mumbai -400093. Unit:

Name & address of shareholder:-

Note: Please read the instructions before filling up the form.

- A. 1.Mere sending this card should not be construed as our confirmation that the earlier signatures recorded with us, if any will be replaced with the fresh ones being submitted herewith. This will be done only after proper verification and our finding the same, to be in order, by sending a confirmation to you to the effect.
 - 2. Signatures should be verified only by your Bankers, and the verification must be complete in all respects. Cards which are not verified properly, as per instructions, will be rejected.
- B. The Bank verifying this card is requested to ensure that the account is on operation for a minimum period of 6 months

C. CHANGE OF SPECIMEN SIGNATURE CARD

Registered Folio no.:	Sign.	Verification of signature by Bank
First Name :		Name & Address of the Bank as a seal:
Bank a/c. no.:		
		Name, Signature, Designation & Code of the Attesting Authority
Second Name:		Name & Address of the Bank as a seal:
Bank a/c. no.:		
		Name, Signature, Designation & Code of the Attesting Authority
Third Name:		Name & Address of the Bank as a seal:
Bank a/c. no.:		
		Name, Signature, Designation & Code of the Attesting Authority
Full address of the first holder which		
should match with our records:		
	1	

D. FOLLOWING DOCUMENTS TO BE SUBMITTED ALONGWITH THIS CARD:

- 1. Self attested copy of PAN of all the holders
- 2. Copy of Passport / Election voter card of the shareholder, whose fresh signatures is to be recorded.
- 3. Cancelled cheque leaf having the First holders Bank account number
- 4. Email id, Telephone numbers, if any, of the first holder..

Before	1	AFFID	AVIT FOR CHAN	GE OF SIGNATUF	RE	
signing	I/We S/d/o					
affix Rs		I/We				
Special	100/-					
Adhesive	And _			3/u/0	ayeu	
Stamp here.		Years	and s/d/o	o		
	J					
					&	
					&	
Solemnly affin	rm an	d declare in favor of _				
(Name of the	Rank	/Co.) Whose registere	nd office is situated :	at		
1. That I/We am/	are the	sole/ joint holder(s) of(name of the Ba	number of ecank/Company) as detailed	quity shares /debentures/ d below :	bonds/ in	
Folio No.		No of Shares / Deb	Certificate no.	DNRs From	DNRs To	
5. That my / our as mentioned in 6. I / We hereby occur directly or in the company's 7.I / We hereby can be taken as under the folios a 8. I/We hereby a 9. This Affidavit company / its ag	specin Para 1 a affirm indirec s record further validity as state affirm a is exe ent forv	in place of my / our existing that I /We shall not hold that I /We shall not hold that the compass and for the consequential affirm that the Transfer Developed in Para 1 above. In a state that I/We have not cuted in favor of the components warded to me / us vide its let	be taken on record in r signature/s in the comple company or its Agentary or i	respect of my / our holding any's record. Its anyway responsible from our request herein state its agent. Its bearing my / our signate of transferring the owners of dearlier at any time with cour own volition and isdated.	or any consequences that mighted by replacing the signature /stures as appended herein belowhip of securities held by me / usure arlier signature. in the form as required by the my / our knowledge. Information	
			, and the second			
Solemnly dec Identification	lared at	and affirmed on On this	day of 20			
Deponents 1		· · · · · · · · · · · · · · · · · · ·				
Specimen sig	ınatur	e of				
2						
Specimen sig	ınatur	e of				
3		· · · · · · · · · · · · · · · · · · ·				
Specimen sig	ınatur	e of				
		I	Executed before me		_	

INSTRUCTIONS:

1) Affidavit should be executed on stamp paper of Rs 100/- as per the format furnished/ affixed with special adhesive stamps and
2) Affidavit is to be executed by all the existing holders. Where the change in signature is only relating to one of the holders, other joint holder also sign the affidavit.