

**LINK INTIME INDIA PVT. LTD.,**

C-13, Pannalal Silk Mills Compound,

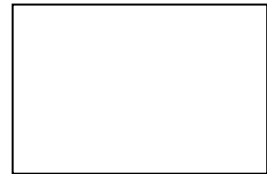
L.B.S. Marg, Bhandup (W), Mumbai – 400 078

Tel. No. 25963838 Fax : 2594 6969 E-mail : [Mumbai@linkintime.co.in](mailto:Mumbai@linkintime.co.in)

Business hours Monday to Friday 10.00 a.m. to 3.30 p.m.

Dear Sir,

Use the following Form, as and when required, to help us attend to your queries.



Yours faithfully,  
For Link Intime India Pvt. Ltd.,

(Please return this Form to undermentioned address)

**QUERY FORM**

Link Intime Inward No.

DATE :

<p>TO, <b>LINK INTIME INDIA PVT. LTD.,</b></p> <p>Unit : Walchandnagar Industries Ltd.</p> <p><b>C-13, PANNALAL SILK MILLS COMPOUND, L.B.S. MARG, BHANDUP (W), MUMBAI – 400 078</b></p>	<p>FROM: ----- -----</p> <p>PIN CODE: ----- (Mention name and complete Address) _____ Contact No. _____ Email Address: _____</p>				
<p><b>QUERY</b> (Please ( ) whatever applicable)</p>					
<p>(A) NON-RECEIPT OF CERTIFICATES SENT FOR :</p> <p><input type="checkbox"/> TRANSFER</p> <p><input type="checkbox"/> TRANSMISSION/TRANSPOSITIN/AMALGAMATION</p> <p><input type="checkbox"/> NAME CORRECTION</p> <p><input type="checkbox"/> CONVERSION <input type="checkbox"/> EXCHANGE</p> <p><input type="checkbox"/> SPLIT/CONSOLIDATION</p> <p><input type="checkbox"/> SUB-DIVISION</p> <p><input type="checkbox"/> ENDORSEMENT OF CALL MONEY</p>	<p>PARTICULARS OF SECURITIES INVOLVED:</p> <p>1) TYPE :</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">SHARES</td> <td style="width:25%;">DEBENTURES</td> <td style="width:25%;">BONDS</td> <td style="width:25%;">SPNS</td> </tr> </table> <p>OTHERS : _____</p> <p>2) REFERENCE FOLIO NO. (S) : _____ _____</p> <p>(In case of transfer, please mention transferor's Folio No.(s)</p> <p>3) NO. OF SECURITIES INVOLVED : _____ _____</p> <p>4) DISTINCTIVES NOS. _____ _____</p>	SHARES	DEBENTURES	BONDS	SPNS
SHARES	DEBENTURES	BONDS	SPNS		
<p>(B) NON-RECEIPT OF :</p> <p><input type="checkbox"/> DIVIDEND WARRANT</p> <p><input type="checkbox"/> INTEREST WARRANT</p> <p><input type="checkbox"/> REFUND ORDER / PAY ORDER</p> <p><input type="checkbox"/> BUY BACK CHEQUE</p> <p><input type="checkbox"/> ODD LOT PAYMENT</p> <p><input type="checkbox"/> TAX DEDUCTION CERTIFICATE (FORM 16A)</p> <p><input type="checkbox"/> FIXED DEPOSIT RECEIPT NO. _____</p> <p><input type="checkbox"/> BONUS SHARES</p> <p><input type="checkbox"/> RIGHT SHARES/DEBS / BONDS</p>	<p>PARTICULARS</p> <p>1)REFERENCE FOLIO NO. (S) : _____ _____</p> <hr/> <p>2)FOR THE PERIOD : _____ _____</p> <p>TAX AMOUNT : _____</p> <p>AMOUNT _____</p>				
<p>(C) OTHER QUERIES NOT SPECIFIED IN (A) &amp; (B) ABOVE :</p> <p><input type="checkbox"/> LOSS OF SECURITIES / DUPLICATE PROCEDURE <span style="margin-left: 200px;"><input type="checkbox"/> CHANGE OF ADDRESS</span></p>					
ENCLOSURES :					
REFERENCE OF PREVIOUS CORRESPONDENCE WITH US , IF ANY	SPEC IMEN SIGNATURE (S)				
YOUR LETTER(S) TO US                      LINK IN TIME'S REPLY TO YOU	1.				
LETTER REF.      DATE                      LETTER REF.      DATE	2.				