Forwarded by

Signature

ANNEXURE H

Sr. :

shah investor's home Itd

REGD. OFFICE: 'SIHL HOUSE' Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad-15. Phone:+91-79-41072222

REMATERIALISATION REQUEST FORM DATE DD / MM / YYYY RRN I/We hereby declare that the below mentioned account may be debited to the extent of my/our rematerialisation request and equivalent certificates be issued for the same. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned. Account No. Account Holder Name No. of Securities to be Rematerialised : (nos.) (in words) Market lot / Jumbo Lot Type Requested Name of the Security Name of Issuing Company Face Value N 1 ISIN The rematerialisation request is for locked shares Yes / No Quantity D Lock in Release Date Lock in Reason: Address: (to be filled in only if change in address is to be recorded) Pin Authorised Signature(s) Name Signature First/Sole Holder 8 SS S Second Holder B Third Holder Participant Authorisation Received the above mentioned securities for rematerialisation from : Account No. ISIN Date Account No. Name of the first holder The application form is verified with the details of the beneficial owner's account and certify that the application form is in order. The account has sufficient balances to accept the rematerialisation as requested. It is also certified that the beneficial owners

signatures are verified and found in order. The other details of the beneficial owners as extracted form the records are enclosed.

(Seal)

Forwarded by Signature

shah investor's home Itd

REGD. OFFICE: 'SIHL HOUSE' Opp. Ambawadi Jain Temple, Nehrunagar Cross Road, Ahmedabad-15. Phone: 4107 2222 Fax: 3002 9029

REMATERIALISATION REQUEST FORM

RRN	SERVICE OF STREET		ATE D	D / M	M / YY	YY									
I/We hereby declare that the below mentioned account may be debited to the extent of my/our rematerialisation request and equivalent certificates be issued for the same. I/We hereby declare that the below mentioned person(s) are the beneficial owners of the securities mentioned.															
Account No.										T N					
Account Holder Na															
No. of Securities to	be Remate	erialised : (n	os.)				Low								
(in words)															
Lot Type Requeste	Mark	Market lot / Jumbo													
Name of the Secur															
Name of Issuing Company															
Face Value															
ISIN	1	N													
The rematerialisati	is for locked	r locked shares Yes						/ No							
Quantity	Quantity														
Lock in Release Date D D M M Y Y Y Y												Y			
Address: (to be filled in only if change in address is to be recorded)															
		THE EYE						TIS BY	Mar I						
Authorised Signature(s)															
	MARKET	Name							Signature						
First/Sole Holder															
Second Holder								& Section 1997							
Third Holder								8							
Participant Authorisation Received the above mentioned securities for rematerialisation from:															
Account No.			DIF.	No.				THE STATE				531	9 8		
ISIN	in the same		412 4												
Date		Contract	TO BE		The state of			T. B. B.		N. S.					
Account No.		BEN BOOK	TELLE			BILES								11/1	
Name of the first h	older						491	HILL		1653		FIF			
The application form The account has su signatures are verifi	ufficient bala	ances to acc	cept the r	remateri	alisation	as reque	ested.	It is also	certified	that t	the b	enefic	ial ov	vners	

(Seal)