

**DIVIDEND CLAIM FORM**

Date: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To,**  
**MCS Share Transfer Agent Limited**  
**Unit: Bank of Maharashtra**  
Office No.002, Ground Floor, Kashiram Jamnadas Bldg.,  
5, P.D. Mello Road, (Ghadiyal Godi),  
Masjid (East), Mumbai 400 009.  
Phone: (022) 40206022/23/24 Fax: (022) 40206021

Dear Sirs,

**Sub: Folio No/DP ID & CI ID:**  
**Non-receipt of Dividend for the financial year \_\_\_\_\_.**

I / we, wish to inform you that the Dividend for the financial year \_\_\_\_\_ has not been received by me/us.

I/We, request you to kindly send me/us the dividend amount and/or inform me/us the procedure for claiming the said dividend amount.

Thanking you,

Yours faithfully,

**Signature of shareholder**