

OFFER ACCEPTANCE FORM OFSAVAREFR

[ALL INFORMATION ARE MANDATORY. PARTIAL, INCOMPLETEORWRONG INFORMATION WILL BE TREATED AS VOIDABLE]

Nameof the Shareholder: _____

BO ID:																			
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DP Name: _____

Name of TREC Holder: _____

Contact Address of theShareholder: _____

Contact Number(s): _____

Email ID: _____

Quantity of shares of SAVAREFR as on 08.05.2023: _____

Signature

(As per BO account opening form)

Dated: _____

Designation and Seal (for other than individual)

Declaration

I/we _____ son/daughter/wife of _____

solemnly declare that to the best of my/our knowledge and belief the information given above is correct and complete.

Signature

(As per BO account opening form)

Dated: _____

Designation and Seal (for other than individual)