ZCZP INSTRUMENT APPLICATION FORM

(Private & confidential, not for circulation)

To:				Application	Application Form No.:					
Board of Directors	1 - 4:		ISIN No. IN	ISIN No. INSOSRU12015						
Transforming Ru Registered Office		oor Community	1011(1(001)							
Shopping Center N										
	Č									
CIN.: U74900DL20										
Contact Person: An	ısh Kumar, Dıı	ector and A	Authorized Person							
Website: www.trif.ir	1									
Tel: .: +91 986828464	57321/+91	9650437170								
Email: anish@trif.in										
Sir/Madam,										
						s of face value of ₹10,000/- each.				
Having read and understood the terms of issue and the instructions, based on the Final Fund Raising Document dated										
19-02-2024, I/we apply for the allotment of ZCZP instruments to me/us. The application is an irrevocable offer by										
me/us. The amount payable on application as shown below is remitted or the cheque/demand draft/ RTGS/NEFT, On allotment, please place my/our name(s) on the Register of Subscribers. I/We bind myself/ourselves by the provisions										
as contained in the				of Subscriber	s. I/we	bind myself/ourselves by the provisions				
as contained in th	ie rund raisi	ng docui	ment.							
	In Fig	gures	In word	ds	Date:					
No. of Instruments						FOR OFFICE USE ONLY				
					Sl. No	f receipt of application				
Amount (Rs).					51.110					
				e are applying as	(Tick) v	vhichever is applicable				
PAYMENT DETA	ILS (IN CAF	PITAL LE	TTERS)							
If, paid through Ch	eque/Deman	d Draft:								
(Please draw the C	Cheque/Dem	and Draf	t in favour of: TRII	F ZCZP LISTIN	G ESCF	ROW ACCOUNT				
		D :		T G :						
Drawn on	Cheque/	Date	Amount (in Rs.)		Category of Investor:					
	DD No.			Company Mutual Fund	()	Society/ Trust () Others ()				
				Tyrataar 1 ama	()					
				If, Others plea	If, Others please Specify:					
If, paid through Di	rect Credit / N	JACH / N	EFT / RTGS, detail	<u>ls :</u>						
Bank Account No.: 409002221312										
Bank Name & Bran		RBL BANK LIMITED,BRANCH-BARAKHAMBA ROAD, IFSC – RATN0000100								
UTR Number:										

APP	LICANT'S NAME IN FULL	Name of father/ husband	Sex	Age							
Sole /First											
Address:											
Address.											
Phone No: Mobile No:											
E-mail:											
DP / CLIENT ID :	ccount Details: NSDL	CDSL									
DF / CLIENT ID.											
For NSDL enter 8 digit DP ID followed by 8 digit Client ID / for CDSL enter 16 digit Client ID											
Applicant PAN SIGNATURE OF THE APPLICANT											
	Signa	d on behalf of	self / all joint holders:								
	Signe	d on benan or	sen / an joint holders.								
Tear Here											
ACKNOWLEDGEMENT											
DP Id /Client ID :											
Sole / First Applicant :											
Sole / That Applicant.											
A 11 C				Т	Receiver's						
Address for	PAYMENT DETAILS (IN CAPIT	r	Stamp								
Correspondence:	If, paid through Cheque/Der										
Transforming Rural	drawn on Chequ										
India Foundation	DDN		Amount (in Rs.)								
Shop No 24, Ground											
Floor, Community Shopping Center Neeti	If, paid through Direct Credi										
Bagh, New Delhi -											
110049 India	Bank Account No.:										
	Bank Name & Branch:										
	UTR Number :										
		R	eceived on								
Please draw the Cheque/Demand Draft in favour of: TRIF ZCZP LISTING											
ESCROW ACCOUNT											
	Quarte and subject to needination										

Note: Cheques and Demand Drafts are subject to realization.

Note/Terms:

- 1. Name of sole/first applicant should be exactly the same as it appears in the depository records.
- 2. The entire Application Amount will be payable at the time of submission of the Application Form.
- 3. Only the first Applicant is required to sign the application form/ revision form. Thumb impressions and signatures other than in the languages specified in the Eighth Schedule to the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under official seal.
- 4. Each Application should be for a minimum of ₹ 2,00,000, i.e., 2,00,000 ZCZP Instruments and in multiples of ₹ 50,000 (50,000 ZCZP Instrument) thereafter. Applicants can apply for the ZCZP Instruments offered hereunder provided the Applicant has applied for minimum application size using the same Application Form
- 5. In case of payment by way of cheque / demand draft, the same shall be attached to the Application Form.
- 6. In case the Applicant has transferred the Application Amount by way of direct credit / NACH/ RTGS / NEFT to the Escrow Account, then the Applicant shall necessarily mention the UTR no. and date of such transfer in the Application Form.
- 7. All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by direct credit / NACH / RTGS / NEFTshould reach the Registrar to the Issue within 3 (three) Working Days from the Issue Closing Date.
- 8. Participation by any of the investor classes as mentioned in the Final Fund Raising Document in the Issue will be subject to applicable statutory and/or regulatory requirements. Applicants are advised to ensure that applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and/or regulatory provisions.
- 9. Applications should be made in single name. Applications should be made by Karta in case the Applicant is an HUF. If the depository account is held in joint names, the Application Form should contain the name and PAN of the person whose name appears first in the depository account and signature of only this person would be required in the Application Form.
- 10. This Applicant would be deemed to have signed on behalf of joint holders and would be required to give confirmation to this effect in the Application Form. Please ensure that such Applications contain the PAN of the HUF and not of the Karta.
- 11. Applicants applying for Allotment must provide details of valid and active DP ID, Client ID and PAN clearly and without error. On the basis of such Applicant's active DP ID, Client ID and PAN provided in the Application Form, the Registrar to the Issue will obtain from the Depository the Demographic Details. Invalid accounts, suspended accounts or where such account is classified as invalid or suspended may not be considered for Allotment of the ZCZP Instruments.
- 12. All Applicants are required to tick the relevant column in the "Category of Investor" box in the Application Form.