In case of claim of Rs.500 or more - Please execute on a Non-Judicial stamp paper of Rs.20/- or frank for the same amount and to be notarized by a Notary Public under his / her official seal.

FORM FOR CLAIMING UNCLAIMED DIVIDEND AND TRANSFER OF DIVIDEND TO BANK ACCOUNT / RE-ISSUE OF DD

Kfin Technologies Limited (UNIT: SASKEN TECHNOLOGIES LIMITED) Selenium Tower B, Plot 31-32, Gachibowli, Financial District, Nanakramguda, Hyderabad - 500 032.

Dear Sir / Madam,

This is to confirm that I / we have lost / misplaced / not received dividend(s) / not encashed dividend(s) of Sasken Technologies Limited ("Company"), as detailed below:

Sl.No.	Folio No. / DP ID	Particulars	Amount (Rs.)
	& Client ID		
1.		2 nd interim & special dividend for the year 2015-16	
2.		Interim dividend for the year 2016-17	
3.		Final dividend for the year 2016-17	
4.		Interim dividend for the year 2017-18	
5.		2 nd Interim dividend for the year 2017-18	
6.		Final dividend for the year 2017-18	
7.		Interim dividend for the year 2018-19	
8.		Final dividend for the year 2018-19	
9.		Interim dividend for the year 2019-20	
10.		2 nd Interim & special dividend for the year 2019-20	
11.		Interim dividend for the year 2020-21	
12.		Final dividend for the year 2020-21	
13.		Interim dividend for the year 2021-22	
14.		Final dividend for the year 2021-22	
Total unclaimed dividend (Rs.)			

Shareholders holding shares in physical form alone should provide the following information at Sl. No. 1 to 6:

Shareholders holding shares in electronic/Demat form, the dividend will be credited to the banking account registered with your DP. Please therefore arrange for updation of your KYC including Bank details & address with your DP.

I / we hereby request you to please transfer the aforesaid dividend proceeds to my / our Bank Account as mentioned below / send a DD to the address mentioned below in lieu of the aforesaid unclaimed dividend(s). Bank Account details (For electronic credit of unpaid dividend(s) and payment of future dividend(s))

1	Name of the 1st named holder	
	(as appearing in your cheque book)	
2	Name of the Bank & Branch address	

2	A NT 1						
3	Account Number	old)					
1	(as appearing in your cheque bo	OK)					
4	Account Type (Sovings / Current / Cosh Cradit	,					
	(Savings / Current / Cash Credit)					
5	9 Digit MICR Number	. 11 4					
	(as appearing on the MICR chec	que issued by the					
	bank)						
6	11 Digit IFSC Code						
OR	OR						
Add	ress for sending DD:						
	-						
I/w	e hereby agree to indemnify the C	Company in the manner hereinaft	er stated:				
T /	us bosse mot shoused mladeed one	otad our cont of an overhead on	athemsica dealt in the analts are advance				
	n upon the aforesaid dividend(s).	ated any sort of encumbrance or	otherwise dealt in to create any adverse				
Clair	ii upon the aforesald dividend(s).						
Now it is hereby agreed that in consideration of the Company transferring the dividend proceeds to my Bank Account / issuing a DD, I hereby covenant at all times hereafter and from time to time save, defend and keep indemnified the Company from and against all costs, suits, legal proceedings, accounts, claims, demands, losses, charges, expenses and liabilities of whatsoever nature which the Company may sustain or incur by reason of such re-issue of dividend(s) and also from and against any action which may be brought against the Company by any one from and against all damages, costs, charges, expenses which the Company may incur in respect thereof.							
It is hereby further agreed that I / we hereby undertake to return to the Company such original $DD(s)$ / dividend warrant(s) as and when found or received for cancellation.							
T	Consequence of I / W/s bound of I		office has do at				
	ritnesses whereof, I / We hereto h	ave set and subscribed my respe	ective hands at (Place)				
on _	(Date).						
Но	lder	Joint Holder 1 (if any)	Joint Holder 2 (if any)				
110	1001	some from f (ii ally)	John Holder 2 (II ally)				
Sio	nature:	Signature:	Signature:				
518	iiutui C.	Digitatuio.	Signaturo.				
Da	te:	Date:	Date:				
	me:	Name:	Name:				
	dress:	Address:	Address:				
Au	ui css.	radicss.	Addiess.				

Witness 1	Witness 2
Signature:	Signature:
Date:	Date:
Name:	Name:
Address:	Address:

Notarized:

Note: Please ensure the name, address and bank details of first (1^{st}) holder and joint holder(s), as applicable, are filled correctly and it is duly signed by all the holders, signed by two (2) witnesses and notarized. Incomplete form and / or not accompanied with a copy of self-attested ID proof, Aadhaar Card and cancelled cheque leaf are liable to be rejected.