LETTER OF UNDERTAKING

To The Company Secretary Insecticides (India) Limited 401-402, Lusa Tower, Azadpur Commercial Complex, Delhi - 110033

Dear Sir,

I/We am/ are the shareholder of Insecticides (India) Limited ('the Company') and certify that I have lost/misplaced/ not received Dividend warrant for the dividend due as per the details given below:

Folio/DP ID & Client ID No.	No. of shares	Dividend for the Year	Dividend Amt. (Rs.)
		2017-18 (Final)	
		2018-19 (Final)	
		2019-20 (Interim)	
		2020-21 (Interim)	
		2021-22 (Final)	
		2022-23 (Interim)	
		2023-24 (Interim)	
		2024-25 (Interim)	
TOTAL			

I hereby request you to please issue me a duplicate warrant / DD against the above said dividend warrant(s). I hereby agree to indemnify the Company, its Directors, Officers etc. in the manner hereinafter stated:

I have not charged, pledged, created any lien or any sort of encumbrance or otherwise dealt in so as to create any adverse claim upon the amount of the dividend warrant.

In consideration of the Company issuing a duplicate dividend warrant for the said amount or crediting the amount(s) directly to my bank account as mentioned below, I hereby covenant at all times hereafter and from time to time to save, defend and keep indemnified the Company and their estates and effects from and against all actions, costs, suits, legal proceedings, accounts, claims, demands, losses, charges, damages, expenses and liabilities of whatsoever nature which the Company may sustain or incur by reason of such issue of duplicate(s) dividend warrant(s) and also from and against any action which may be brought against the Company by any person claiming the interest accrued thereon and from and against all damages, costs, charges, expenses which the Company may incur in respect thereof or otherwise in relation to the issue of said warrant.

For Shareholders holding Shares in PHYSICAL FORM

I request you to update my KYC Details/Bank Details & Nomination, as given below & stated in enclosed Form ISR - 1, Form ISR - 2 and Form No. SH 13 (Nomination Form) or Form ISR-3 (Opt out of Nomination) against the above Folio and accordingly I am enclosing self-attested documents, being the documentary evidence of Identity & Address

- 1. Self-attested copy of PAN
- 2. Self-attested Aadhaar/ Passport/ Utility Bill (not older than 3 months old) as address proof
- 3. Original cancelled cheque leaf **containing** Bank A/c No., Bank Name, Type of A/c, IFSC Code, MICR Code and Name of the Shareholder
- 4. In case the cheque leaf does not contain the shareholder's name printed on it, **additionally send the** copy of Bank passbook/ Bank A/c Statement specifying KYC details of registered shareholder (name, address, bank a/c no. etc.) duly attested by officer of same bank with his signature, name, employee code, designation, bank seal & address stamp, phone no. and date of attestation.

Name of the Bank			
Branch Name & Address	-		
Account Number (as appearing on your Cheque Book)			
Account Type (Saving A/c, Current A/c or Cash Credit A	./c)		
9 digit MICR code of the Bank & Branch the Cheque issued by the Bank. (Please attach original cancelled cheque of the MICR Code Number)			
IFSC Code			
For Shareholders holding Shares in DEMA	TERIALIZED FOR	<u>RM</u>	
I request you to make the payment in the Bank of my Client Master List for the Bank Details	k A/c as registered in s.	my Demat A/c. I am enclosing a self-attested co	ору
Client Master List duly signed and s	stamped by the Depo	sitory Participant.	
It is hereby further agreed that I hereby also undividend warrant(s), if and when the same is/s		or cause to surrender to the Company, the orig	inal
IN WITNESS WHEREOF I/ WE HAVE H	HERE UNTO SET .	AND SUBSCRIBED MY/OUR RESPECTIV	Έ
NAME OF WITNESS –		NAME OF SHAREHOLDER –	
SIGNATURE		SIGNATURE	
ADDRESS OF WITNESS:		ADDRESS OF SHAREHOLDER:	
Date: Place:			