

POLICY ON CLAIMING UNCLAIMED DISTRIBUTION BY UNITHOLDERS

Reference	MREIT/UCD-V1/2024						
Approving Authority	Board of Directors ("Board") of K Raheja Corp Investment Managers Private						
	Limited (Formerly known as "K Raheja Corp Investment Managers LLP)						
	("Manager") in its capacity as the Manager of Mindspace Business Parks						
	REIT ("Mindspace REIT")						
Effective Date	This policy on claiming unclaimed distribution by the unitholders ("Policy")						
	shall come into effect from March 1, 2024.						

Revision History						
Version	Date	Change Type				
V1	January 29, 2024	Approved				

1. **APPLICABILITY:**

This Policy is applicable to Mindspace REIT and shall be implemented through the Manager.

2. **OBJECTIVE AND PURPOSE:**

The Policy lays down the framework and process to be followed by the Claimant for claiming their unclaimed or unpaid distribution amount lying in Unpaid Distribution Account, in accordance with the Regulation 18(16)(e) and 18(16)(f) of the Securities and Exchange Board of India (Real Estate Investment Trusts) Regulations, 2014, (the "SEBI REIT Regulations") as amended or supplemented, from time to time, read with the Securities and Exchange Board of India ("SEBI") circular no. SEBI/HO/DDHS/DDHS-RAC-1/P/CIR/2023/177 on 'Procedural framework for dealing with unclaimed amounts lying with Real Estate Investment Trusts ("REITs") and manner of claiming such amounts by unitholders' dated November 8, 2023 as amended or supplemented, from time to time, (hereinafter referred to as "SEBI Circular").

3. **DEFINITIONS:**

- I. "Applicable Law" means any statute, law, regulation, ordinance, rule, judgement, order, decree, bye-law, approval of any governmental agency, directive, guideline, policy, requirement or other government restriction or any similar form of decision of or determination by, or any interpretation having the force of law of any of the foregoing governmental agency having jurisdiction, applicable to any party, in force from time to time, including but not limited to the SEBI REIT Regulations.
- II. "Board" shall mean the board of directors of the Manager of Mindspace REIT.



- III. "Claimant" shall mean including but not limited to,
 - i. Unitholder; or
 - ii. Legal Heir(s); or
 - iii. Nominee(s); or
 - iv. Surviving joint Unitholder(s) in case of demise of first joint Unitholder, where the unit(s) of Mindspace REIT is held in joint demat account; or
 - v. Co-parceners of HUF in case of demise of Karta, where the unit(s) of Mindspace REIT is held in the name of Hindu Undivided Family (HUF),
- IV. who has filed a claim with Mindspace REIT in accordance with this Policy.
- V. "Distribution" shall mean distribution made by Mindspace REIT to its Unitholders from time to time, in accordance with the SEBI REIT Regulations and distribution policy of the Mindspace REIT, as approved and adopted by the Manager from time to time.
- VI. "Distribution Account" means an account opened by the Mindspace REIT with a scheduled bank from time to time, for making distribution to the Unitholders, as approved by the Board of Directors of the Manager.
- VII. "IPEF" shall means Investor Protection and Education Fund, which is a fund created by SEBI under the Securities and Exchange Board of India Act, 1992 and regulated under Securities and Exchange Board of India (Investor Protection and Education Fund) Regulations, 2009.
- VIII. "Legal Heir(s)" shall mean the legal heir(s) or successor(s) of a Unitholder who satisfies the provisions specified under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and circulars issued thereunder, for the transmission of Units and/ or the corresponding claim, as applicable.
 - IX. "Nodal Officer" shall mean the chief financial officer or company secretary and/or compliance officer or any director of Manager who is designated as nodal officer in accordance with the SEBI Circular.
 - X. "Nominee" shall mean nominee of an individual Unitholder as specified in his/her respective demat account with depository participant, who satisfies the provisions specified under the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 and circulars issued thereunder, for the transmission of Units and/ or the corresponding claim, as applicable.
 - XI. "Unit" shall mean an undivided beneficial interest in Mindspace REIT, and such Units together represent the entire beneficial interest in Mindspace REIT.
- XII. "Unitholder" shall mean any person who holds any Unit of Mindspace REIT.



- XIII. "Unclaimed or Unpaid Amount" means an amount which remains unclaimed by the Unitholders and liable to be transferred to Unpaid Distribution Account or IPEF, as the case may be, in accordance with SEBI REIT Regulations, SEBI Circular or any circular(s) or notification(s) issued by the SEBI, from time to time.
- XIV. "Unpaid Distribution Account" shall mean the Distribution Account, for each period respectively for which distribution is made, opened with a scheduled bank, which is redesignated to unpaid distribution account within 7 working days from the expiry of period of 15 days from declaration of distribution by Mindspace REIT.
- XV. **"Working Day"** shall mean any day other than the second and fourth Saturday of the relevant month, a Sunday or a public holiday or a day on which scheduled commercial banks are authorized or obligated by law to close in Mumbai, India

4. TRANSFER OF UNCLAIMED OR UNPAID AMOUNT TO UNPAID DISTRIBUTION ACCOUNT:

- A. In the event, Distribution made by Mindspace REIT, any amount of which remains Unclaimed or Unpaid Amount by Unitholders for a period of 15 days from the date of declaration, the Manager shall within 7 Working Days from the expiry of such period of 15 days, transfer such Unclaimed or Unpaid Amount to Unpaid Distribution Account; and
- B. In the event, any amount transferred to the Unpaid Distribution Account remains unpaid or unclaimed for a period of 7 years from the due date of such transfer, such amount along with interest accrued, if any, shall be transferred by the Manager to the IPEF, within 30 days from the date of expiry of 7 years. Such transfer shall be made in the manner prescribed under SEBI circular no. SEBI/HO/GSD/TAD/P/CIR/2023/149 dated September 4, 2023, as amended or supplemented.

5. **CONSEQUENCES IN CASE OF DEFAULT:**

- A. In case any default is made in transferring the Unclaimed or Unpaid Amount to the Unpaid Distribution Account, Mindspace REIT shall pay interest on the amount that has not been transferred to the said account, for the period of default i.e. from the date of default till the date of transfer to the Unpaid Distribution Account, at the rate of interest as may be specified by SEBI from time to time. The said interest amount shall accrue to the Unitholder in proportion to the amount remaining unclaimed. The Manager shall not recover such interest in the form of fees or any other form payable to the Manager by Mindspace REIT.
- B. In case any default is made in transferring the amount to the IPEF by the Manager, the Manager shall be liable to a penalty of one lakh rupees and in case of continuing failure, a further penalty of five hundred rupees for each day that the failure continues, subject to a maximum of ten lakh



rupees or any other penalty as may be specified by SEBI from time to time in this regard. The Manager shall not recover such a penalty in the form of fees or any other form payable to the Manager by the Mindspace REIT.

6. **NODAL OFFICER:**

The Manager shall designate a Nodal Officer. Such a Nodal Officer shall be the point of contact for the Unitholders entitled to claim their Unclaimed or Unpaid Amount, SEBI, stock exchanges and depositories. The details of the Nodal Officer shall be available on the website of Mindspace REIT.

7. PROCEDURE AND DOCUMENTATION REQUIRED FOR MAKING A CLAIM:

Any Claimant claiming their Unclaimed or Unpaid Amount which (a) is lying in the Unpaid Distribution Account or (b) has been transferred to the IPEF by the Manager, shall submit details for such claim along with the specified documents in the following manner:

I. Procedure and documentation for making a claim by sole Unitholder or Karta of HUF:

- A. Claimant being a sole Unitholder or Karta of a HUF shall submit following documents, duly certified by it/him/her, for claiming the Unclaimed or Unpaid Amount lying in the Unpaid Distribution Account or an amount which has been transferred to IPEF, to the Nodal Officer:
 - i. Format of letter for submitting the claim as stipulated under **Annexure-I.**
 - ii. Details of the Distributions unclaimed as on last quarter/ biannually (as per the distribution policy of Mindspace REIT from time to time) (for e.g. If distribution is not received from June, then it should be mentioned as Q1-2021 or so) in the request letter.
 - iii. Self-attested latest Client Master Ledger (CML) stating the current bank account details from Depository Participants.
 - iv. Copy of cancelled cheque of bank account where payment to be remitted, as mentioned in CML.
 - v. Original Distribution Warrant/Demand Draft (if available with the Unitholder)
 - vi. Self-attested copy of PAN Card of the Unitholder.
 - vii. Self-attested copy of Address Proof (for e.g. Driving License, Adhaar card, passport) of the Unitholder. In case of foreigners and NRI, copy of Passport, OCI and PIO card to be provided.
- B. Upon the receipt of the documents, the Nodal Officer or concerned department will verify the particulars of the claim submitted by the Claimant and will process them in accordance with the internal policy adopted by the Mindspace REIT for remitting



payment of Unclaimed or Unpaid Amount through electronic mode into the bank account of the Claimant within the timelines as mentioned hereinbelow in the Policy. Nodal Officer at its discretion, may call for further information/clarification with respect to the claim submitted by the Claimant.

C. After verifying and processing the request by the Nodal Officer or concerned department, a confirmation will be sent to the Claimant to the effect that the claim submitted by the Claimant is processed and payment of Unclaimed or Unpaid Amount has been initiated.

II. <u>Procedure and Documentation for making a claim by the Legal Heir(s) or Nominee(s) of the deceased sole Unitholder:</u>

1. In the event of death of the Unitholder, Legal Heir(s)/ Nominee(s) of the deceased Unitholder shall submit the following documents to the Nodal Officer:

A. <u>In the event nomination is provided in the demat account held with depository</u> participants

Request letter (in the format prescribed under **Annexure-II**), for claiming the Unclaimed or Unpaid Amount, along with following details of deceased Unitholder shall be submitted by the Nominee:

- i. Copy of Permanent Account Number (PAN) of the deceased Unitholder issued by the Income Tax Department
- ii. Address proof of the deceased Unitholder
- iii. DP and Client ID of the deceased Unitholder
- iv. Copy of death certificate attested by the Nominee, subject to verification with the original or copy of death certificate duly attested by a notary public or by a gazetted officer.
- v. Self-attested copy of –
- a) Permanent Account Number of the Nominee(s) issued by the Income Tax Department;
- b) Bank account details of Nominee where the Unclaimed or Unpaid Amount is to be transferred along with the cancelled cheque;
- c) identity proof i.e., adhaar card, passport or driving license;
- d) In case of foreigners and NRI, Passport, OCI and PIO card to be provided.

B. <u>In the event no nomination is provided in the demat account held with depository participants.</u>



Request letter (in the format prescribed under **Annexure-II**), for claiming the Unclaimed or Unpaid Amount along with following details of deceased Unitholder shall be submitted by the Legal Heir:

- i. Copy of Permanent Account Number (PAN) of the deceased Unitholder issued by the Income Tax Department
- ii. Address proof of deceased Unitholder
- iii. DP and Client ID of deceased Unitholder
- iv. Copy of death certificate attested by the Legal Heir(s), subject to verification with the original or copy of death certificate duly attested by a notary public or by a gazetted officer.
- v. self-attested copy of the Permanent Account Number card of the Legal Heir(s), issued by the Income Tax Department.
- vi. Notarized Affidavit (in the format prescribed under **Annexure-IIA**) from the Legal Heir(s) made on the non-judicial stamp paper of appropriate value, to the effect of identification and claim of legal ownership to the Units.

 However, in case the Legal Heir(s) are named in succession certificate or probate of will or will or letter of administration as may be applicable in terms of Indian Succession Act, 1925 (39 of 1925) or legal heirship certificate or its equivalent certificate issued by a competent government authority, instead of affidavit from all Legal Heir(s), an affidavit from such Legal Heir(s)/Claimant(s) alone shall be sufficient.
- vii. a copy of succession certificate or probate of will or will or letter of administration or court decree as may be applicable in terms of Indian Succession Act, 1925 (39 of 1925) or legal heirship certificate or its equivalent certificate issued by a competent government authority, attested by the Legal Heir(s)/Claimant(s) subject to verification with the original or copy of such document duly attested by a notary public or by a gazetted officer.
- viii. In cases where a copy of will is submitted as may be applicable in terms of Indian Succession Act, 1925 (39 of 1925), then the same shall be accompanied with the following additional documents:
 - a notarized indemnity bond (in the format prescribed under Annexure-IIB) made on the non-judicial stamp paper of appropriate value from the Legal Heir(s)/Claimant
 - b) No Objection Certificate from all Legal Heir(s) in favour of Claimant
 - Affidavit from witness about confirmation of will wherever alive or otherwise death certificate of such witness
 - d) Affidavit with regard to the will being the last will and no matter is pending before any court with regard to such will
 - e) Surety Affidavit by at least two sureties with their self attested PAN Card



- ix. In cases where a copy of legal heirship certificate or its equivalent certificate issued by a competent government authority is submitted, the same shall be accompanied with the following additional documents:
- x. a notarized indemnity bond (in the format prescribed under **Annexure-IIB**) made on the non-judicial stamp paper of appropriate value from the Legal Heir(s)/Claimant
- xi. No Objection (in the format prescribed under **Annexure-IIC**) from all non-claimants (remaining legal heirs), stating that they have relinquished their rights to the claim for Unclaimed or Unpaid Amount, duly attested by a notary public or by a gazetted officer or copy of duly executed family settlement deed by all legal heirs and duly attested by a notary public or by a gazetted officer.
- 2. Upon the receipt of the Documents as stated above, the Nodal Officer or concerned department will verify the particulars of the claim submitted by the Legal Heir(s)/ Nominee(s), as the case may be and will process in accordance with the internal policy adopted by the Mindspace REIT for crediting the Unclaimed or Unpaid Amount into the bank account of such Claimant within the timelines as mentioned hereinbelow in the Policy. However, Nodal Officer at its discretion, may call for further information/clarification with respect to the claim submitted by the Legal Heir(s)/ Nominee(s).
- 3. After verifying and processing of the request by the Nodal Officer or concerned department, a confirmation will be sent to the Claimant to the effect that the claim submitted by the Legal Heir(s)/ Nominee(s) is processed and payment of Unclaimed or Unpaid Amount has been initiated.

III. <u>Procedure and Documentation for making a claim when units are held in the name of joint holder(s)</u>

1. In the event of the death of the first holder, the surviving holders shall submit following documents to the Nodal Officer:

Request letter as stipulated in **Annexure-III**, along with the following details of deceased Unitholder:

- i. Copy of Permanent Account Number (PAN) of the deceased Unitholder issued by the Income Tax Department
- ii. Address proof of deceased Unitholder
- iii. In case of foreigners and NRI, copy of Passport, OCI and PIO card to be provided.
- iv. DP and Client ID of deceased Unitholder
- v. Copy of death certificate of the deceased unitholder, duly attested by the surviving holders(s), which shall be subject to the verification with the original or copy of death certificate duly attested by the notary public or gazette officer.



- vi. Client Master Report (CML) of the demat account in the name of the surviving holder(s)
- vii. Copy of cancelled cheque for remittance of payment.
- 2. Upon the receipt of the documents as stated above, completed in all aspects, the Nodal Officer or concerned department will verify the particulars of the claim submitted by the surviving holder(s) and will process for crediting the unclaimed amount into the bank account of such Claimant within the timelines as mentioned hereinbelow in the Policy. However, Nodal Officer at its discretion may call for further information/clarification with respect to the claim submitted by the Claimant.
- 3. After verifying and processing of the request by the Nodal Officer or concerned department, a confirmation will be sent to the Claimant to the effect that the claim submitted by the surviving holder(s) is processed and payment of unclaimed or unpaid amount has been initiated.

8. MANNER OF SUBMISSION OF CLAIM BY THE CLAIMANT:

- A. Mindspace REIT shall provide a search facility to the Unitholders, to verify the Unclaimed or Unpaid Amount due to them and lying in the Unpaid Distribution Account or transferred to IPEF on its website. Claimant can submit their claims along with requisite documents duly certified by it/him/her, as mentioned above, to the Nodal Officer, at the email addresses i.e. reitcompliance@mindspacereit.com and also by sending the claim documents to Company Secretary and Compliance Officer at the Registered Office of the Manager. The manner of filing the formats, execution and signing instructions are part of the formats annexed with this Policy. While submitting the claim, Claimant(s) need to submit the complete documents as per the format.
- B. The Nodal Officer is authorised to amend/change/alter/substitute the above formats to the extent of any changes under Applicable Law or as it may deem fit for procedural requirements or for factual changes, without any further action or approval from the Board and/or its committee.

9. TIMELINES:

A. Timelines for the Claimant.

Upon the receipt of claim from Claimant, if Nodal Officer, upon examination, finds it necessary to call for further information or finds that the claim or documents submitted by Claimant to be defective or incomplete, in any respect, then Nodal Officer shall intimate the Claimant, to furnish such other information or to rectify such defects or incompleteness of documents through email or written communication within 30 days from the date of



receipt of communication sent by the Nodal Officer to the Claimant, failing which the claim may be rejected. However, rejection of claim does not debar a Claimant from filing a fresh claim after rectifying the deficiencies.

B. Timelines within which the claim shall be processed by the Manager.

The claim submitted by the Claimant shall be processed by the Nodal Officer and the payment of unclaimed amount will be processed through electronic mode into the bank account of claimant, within the 30 days from the date of receipt of Claim complete in all respects or within 30 days from the date when complete information (including additional documents, if requested) as called upon is provided by the Claimant. The claim shall be processed only subject to the documents being submitted by the claimant are in accordance with the requirements mentioned in this Policy or any other statutory requirement. However, in case of claiming the Unclaimed or Unpaid Amount from the IPEF, the time limit for 30 days for processing of claim shall be from the date when the amount has been refunded by the IPEF to Mindspace REIT.

10. CONDITION OF REJECTION OF CLAIM BY NODAL OFFICER:

If the documents/clarification sought on the claim submitted by the Claimant, is not received within the timelines as specified above in the policy or the same are incorrect/ incomplete/ inadequate or cannot be verified or not in accordance with the requirements specified in this Policy, then the Nodal Officer, may reject the claim by citing the reasons for rejection, in writing (through email or physical letter) to the Claimant. However, such rejection of claim does not debar a Claimant from filing a fresh claim.

11. CONTACT DETAILS OF NODAL OFFICER:

The Nodal Officer shall be the chief financial officer or company secretary and/or compliance officer or any director of Manager who is designated as Nodal Officer of Mindspace REIT as may be approved and designated by the Board in accordance with the SEBI Circular. The name, designation and contact details of the Nodal Officer shall be made available on the website of Mindspace REIT.

In the event, there is any change in the Nodal Officer appointed by the Manager, the Manager on behalf of Mindspace REIT shall designate another person as a Nodal Officer within 15 days or such timelines as may be specified by SEBI from time to time, of such change.



12. **AMENDMENT OF THE POLICY:**

Notwithstanding the above, this Policy will stand amended to the extent of any change in Applicable Laws without any action of the Manager or approval of the Board or the Unitholders. The Board reserves the right to amend or modify this Policy, in whole or in part, from time to time, in accordance with Applicable Law, as may be required.



Annexure-I

Request Letter for claiming Unpaid or Unclaimed Amount by sole Unitholder or Karta of HUF

To,										
Company Secretary and Complia	ance Offic	er	KFin Ted	KFin Technologies Limited						
	Mindspace Business Parks REIT						ns)			
Registered Office - Raheja Tower	r.			(Unit: InvIT & ReIT Operations) 1st Floor, Selenium Tower B						
Block 'G', C-30, Bandra Kurla Cor		•			i Financia	l District				
Mumbai - 400 051, India			•	ilingamp						
Tel: +91 022- 2656 4000			Hyderak	_			,			
Email: reitcompliance@mindspa	, Tel: +91									
		_	Email: <u>k</u>	rahe	ja.reit@	kfintech	n.com			
Dear Sir,										
Sub: Request for payment of	Unclaime	ed or	Unpaid Amo	unt						
I/We	_(name	of u	unitholder),	age	d	_ years,	, son/dau	ughter of		
residing a	t							, [acting		
as karta of	_ (retain a	as ap	plicable)] do	sole	mnly d	leclare a	nd confirm	that I/we		
have not received the distribution	on for the	e peri	od/quarter a	as m	entione	ed below	. In this re	gard, I/we		
am/are providing the following	informatio	on an	d enclosing t	the d	opies o	of the do	cuments r	equired to		
enable you to process the payme	ent of Unc	claime	ed or Unpaid	Amo	ount fro	m the;				
☐ Amount(s) lying under the U	Innaid Dist	trihut	ion Account	of M	indsna	ce Rusine	ess Parks R	FIT		
OR	Tipala Dist	cribat	.ion / lecount	0	шаэра	ee basiin	ess ranks n			
Amount(s) which has been t	ransferred	d to Ir	nvestor Prote	ectio	n and E	ducation	Fund (" IP	E F ")		
(Please tick appropriately ✓)		u (0 11				44041.01.		,		
Name of the Unitholder										
DP Id										
Client Id										
Amount of distribution	Period	1	for whi	ch	No. o	f units	Amount	unnaid		
unpaid or unclaimed			is unpaid		held	i dilits	7 till odilic	anpara		
anpara or anciamica	unclair		is unpula	·	iiciu					
	diicidii	iiicu								
PAN No. (Self-attested)										
Mobile No										
Email Id of the Unitholder										



Reason	of	Unclaimed
Amount		

I, request you to credit the above distribution amount in my bank account as per details mentioned below, in lieu of original demand draft(s) issued.

Bank Name	
Account Number	
Account Type	
IFSC Code	
MICR No.	
Name of Bank Branch	
City	
PIN	

In consideration of you having agreed to credit the distribution amount in the bank account as per the details mentioned above in my name, I hereby agree to undertake that upon having agreed to credit the above distribution amount in the bank account, I/we the undersigned applicant hereunder on behalf of myself/ ourself, my/our heirs, executors, administrators and assigns shall jointly and severally, indemnify and keep indemnified Mindspace Business Parks REIT, the Manager of Mindspace Business Parks REIT, its successors, assigns, its directors, officers, employees and unitholders and their heirs, executors and assigns, at all times, from and against any and all actions, suits, proceedings, accounts, claims and demands made, suffered or incurred, including any legal or other fees and expenses actually incurred in connection with investigating, disputing, preparing or defending any actions, claims, suits or proceedings, to which such entities/individuals may become subject to under any applicable law or otherwise consequent upon or arising, directly or indirectly, out of or on account of the said distribution amount or any part thereof or otherwise in connection with the same.

I hereby also undertake to surrender the said original Demand Draft to the Manager for cancellation, if and when the same is/are found at a later date.

I/ We am/ are enclosing the following documents along with the Claim format for remitting the payments:

- 1. Self-attested latest Client Master Ledger (CML) stating the current bank account details from Depository Participants.
- 2. Copy of cancelled cheque of bank account where payment to be remitted, as mentioned in CML.
- 3. Original Distribution Dividend Warrant/Demand Draft (if available with the Unitholder)
- 4. Self-attested copy of PAN Card of the Unitholder.
- 5. Self-attested copy of Address Proof (Driving License, Adhaar Card, Passport) of the Unitholder. In case of foreigners and NRI, copy of Passport, OCI and PIO card to be provided.



	MINDSPACE
	BUSINESS PARKS REIT
Signature of Unitholder:	
Email:	
Contact No.:	
Date:	



Annexure-II

Request letter in respect of claiming Unclaimed or Unpaid Amount by Legal Heir(s)/Successor(s)/Nominee(s)/Administrator(s) of the deceased Unitholder.

Date: To,

□ Nominee

Company Secretary and Compliance Officer	KFin Technologies Limited
Mindspace Business Parks REIT	(Unit: InvIT & ReIT Operations)
Registered Office - Raheja Tower,	1 st Floor, Selenium Tower B
Block 'G', C-30, Bandra Kurla Complex,	Plot 31 & 32, Gachibowli Financial District
Mumbai - 400 051, India	Nanakramguda, Serilingampally
Tel: +91 022- 2656 4000	Hyderabad - 500 032, India
Email: reitcompliance@mindspacereit.com	Tel: +91 040 -79615205;
	Email: <u>kraheja.reit@kfintech.com</u>
Dear Sir/Madam,	
Sub: Submission of Claim by the Legal Heir(s) Deceased Unitholder.)/Successor(s)/Nominee(s)/ Administrator(s) of the
Name of Claimant#	
Mr./Ms.	
Name of the Guardian (in case of Claimant is N	linor)
Mr./Ms	
in case the claimant is a minor \rightarrow Date of Birth	of the minor*
Relationship with Minor: (Please tick appropria	itely √)
☐ Father ☐ Mother	☐ Court Appointed Guardian*:
PAN (Claimant(s)/Guardian):	
(Please tick appropriately ✓)	
☐ KYC Acknowledgment attached or ☐ KYC for	m attached
Tax Status: □ Resident Individual □ Resident	Minor (through Guardian) □ NRI
☐ PIO ☐ Other (Please tick appropriately ✓)	
# in case of multiple claimants, separate form of	duly signed by each claimant shall be provided to the
Manager of Mindspace Business Parks REIT.	, , , , , , , , , , , , , , , , , , , ,
*Please attach relevant proof	
	ereby inform you about the demise of the below remit the unclaimed or unpaid distribution amount r in my/our capacity as —

☐ Legal Heir



☐ Successor to th	ne Estate of the dec	eased \square A	Admin	istrator of the E	state of the dec	eased			
☐ Co-parceners o	of HUF (in case dem	ise of Karta)							
(Please tick appro	priately 🗸)								
Name of decease	d holder(s)		Date	of Demise**					
** Please attach ce	ertified copy of Deat	th Certificate.							
Details of Unclair	med or Unpaid Amo	ount:							
Name of	DP and Client ID	Period for w	hich	No. of Units	Amount	% of			
Deceased	of Deceased	distribution	is	held by	unpaid or	Claim [@]			
Unitholder	Unitholder	unpaid	or	Deceased	unclaimed				
		unclaimed		Person					
@ As per Nomination	on OR as per the Wil	II/Probate/Sud	ccessio	on Certificate/Le	tter of Administ	ration/Lega			
•	e (or its equivalent c			•	-				
	claim will be proces	•			-	-			
provided, then the	craiiii wiii be proces	sea amongst	an en	annants in Equal	proportionate.				
Contact details of	f the Claimant:								
Mobile Number									
Telephone Numb	er								
Email ID									
Address^									
	City:	City: State:							
	•	PIN Code:							
	Fill Code								
↑ Dlease note that	t the address will b	e undated as	nar t	he address on k	VC form / KVC	Pegistration			
	. the dudress will b	e upuuteu us	μει τ	ne uuuress on k	ite joini / Kie	negistrution			
Agency records.									
Bank Account De	tails of the Claimar	nt:							
Dank Name									
Bank Name									
Account Number									
Account Type*									
IFSC Code									
MICR No.									
Name of Bank Bra	anch								
City									
PIN									



* Please attached the copy of cancelled cheque with claimant name printed or claimant Passbook or Bank Statement duly attested by the Bank Manager.

Additional KYC Information	: (Please tick appropriately ✔)	
Occupation: Private Sec	tor Service	□Government Service
☐ Business ☐ Professiona	I □Agriculturist □ Retired □ Home N	1aker □Student □Forex Dealer □
Others		
The Claimant is a Politic	cally Exposed Person □ Related to a Po	litically Exposed Person
☐ Neither (Not applicable		
Gross Annual Income (₹):	□ Below 1 Lac □ 1-5 Lacs □ 5-10 Lacs	acs 🗆 10-25 Lacs
	□ 25Lacs-1 Crore □>10	rore
FATCA and CRS Informatio	n:	
Country of Birth:		
Place of Birth:		
Nationality:		
Are you a tax resident of	any country other than India? Yes	□ No
If Yes, please mention all to	he countries in which you are resident fo	or tax purposes and the associated
Taxpayer Identification Nu	mber and its identification type in the o	column below.
Country	Tax-Payer Identification Number	Identification Type
Declaration and Signature	of the Claimant(s)	
I have attached herewith	all the relevant / required document	ts as indicated in the Policy with
respect to the claim subm	itted by the Legal Heir/Successor/Nom	inee/ Administrator .
I confirm that the informa	tion provided above is true and correct	to the best of my knowledge and
belief.		
I undertake to keep Mind	lspace Business Parks REIT, its Manag	er and its Registrar and Transfer
Agent informed about any	changes/modification to the above inf	ormation in future and undertake
to provide any other addit	ional information as may be required b	y them.
I hereby authorize Mindsp	ace Business Parks REIT, its Manager ar	nd its Registrar and Transfer Agent
to provide/ share any of th	e information provided by me including	g my holdings, if any in Mindspace
Business Parks REIT to an	y governmental or statutory or judicia	I authorities/agencies as required
by law without any obligat	ion of informing me of the same.	
In consideration of you ha	ving agreed to credit the distribution a	mount in the bank account as per
the details mentioned abo	ve in my name, I hereby agree to unde	ertake that upon having agreed to
credit the above distribu	ition amount in the bank account,	I/we the undersigned applicant



hereunder for myself/ ourself, my/our heirs, executors, administrators and assigns shall jointly and severally, indemnify and keep indemnified Mindspace Business Parks REIT, the Manager of Mindspace Business Parks REIT, its successors, assigns, its directors, officers, employees and unitholders and their heirs, executors and assigns, at all times, from and against any and all actions, suits, proceedings, accounts, claims and demands made, suffered or incurred, including any legal or other fees and expenses actually incurred in connection with investigating, disputing, preparing or defending any actions, claims, suits or proceedings, to which such entities/individuals may become subject to under any applicable law or otherwise consequent upon or arising, directly or indirectly, out of or on account of the said distribution amount or any part thereof or otherwise in connection with the same.

Place:									
Date:				Sign	nature of Cla	aimant			
Encl:									
\Box Copy of P	ermanent Account	Number (PA	N) of th	e dec	eased Unith	older			
□ Address p	proof of the decease	ed Unitholde	r						
☐ Copy of D	eath Certificate of	the deceased	d holder						
☐ Copy of B	irth Certificate (in c	ase the Clair	mant is	a min	or).				
☐ Copy of P.	AN Card of Claimar	nt / Guardiar	7.						
□ Address p	proof of Claimant								
\Box KYC A	Acknowledgment	OR KYC	form	of	Claimant	pursuant	to	SEBI	Circular
SEBI/HO/MI	RSD/SECFATF/P/CI	R/2023/169	dated C	ctobe	er 12, 2023				
□ Cancelled	l cheque with claim	ant's name _l	orinted (OR CI	aimant's Ba	nk Statemer	nt/Pa	ssbook.	
□ Affidavits	as per Annexure-II.	A (if no nom	ination)						
☐ Bond of In	ndemnity as per An	nexure-IIB (ij	f no non	ninati	ion)				
□ NOC as pe	er Annexure-IIC (if r	no nominatio	on)						



Annexure-II A

Affidavits to be given by all the Legal Heirs or Legal Heirs named in Succession Certificate/ Probate of Will/ Will/ Letter of Administration/ Legal Heirship Certificate (or its equivalent certificate)/Court Decree.

For claiming of Unclaimed or Unpaid Distribution, on death of Sole Unitholder where no nomination has been registered

Each Deponent (legal heir) shall sign separate Affidavits. (To be executed on a Non-Judicial Stamp of appropriate Value and Notarized)

l,	(Name of Cla	imant), Son/D	aughter	of			
residing at							
do hereby solemnly at	firm and state on oat	h as follows.					
That Mr./Mrs	(No	ame of Deceas	sed Unit	<i>holder</i>) has	the foll	owing uncla	imed
or unpaid Distribution	Amount in his/her na	ame as single h	nolder:				
Name of Deceased	DP and Client ID of	Period for	which	No. of	Units	Amount	
Unitholder	Deceased	distribution	is	held	by	unpaid	or
	Unitholder	unpaid	or	Deceased		unclaimed	
		unclaimed		Person			
☐ That the aforesaid of the following persons Certificate (or its equi Intestate Succession registering any nomin	s as the only survivir ivalent certificate)/Co by which he/she wa	ng heirs as pe urt Decree da	r the Su ted	uccession C	ertifica accord	te/Legal Hei ing to the La	rship aw of
OR							
☐ That the aforesaid of				_			
as the legatees as per	the Will/ Probated Wi	ill/ Letter of Ac	dministra	ation dated		and wit	hout
registering any nomin	ee. *						
Name of the Legal He	eir(s) Address and o	contact details	5	Age	Rela	tion with	the
					Dec	eased	
1)							
2)							

A copy of the Succession Certificate*/Probate of Will*/Will*/Letter of Administration*/Legal Heirship Certificate*(or its equivalent certificate)*/Court Decree* is attached herewith.



IIIat all	iong the a	iloresaiu	legal lie	irs, iviaste	er/ Kui	IIdII.					
aged		years	is a	minor	and	is	being	represer	ited	by	Mr./Ms.
			(Nam	ne of Guar	dian) be	eing hi	s/her fath	ner/mothe	r/legal g	guard	ian.*
Signatu	re of Dep	onent:									
Verifica	ition										
I hereby	y solemnl	y affirm	and state	that what	is state	ed her	ein above	is true an	d corre	ect an	d nothing
has bee	n conceal	led there	in and that	we I am c	ompete	ent to	contract a	nd entitled	d to righ	nts an	d benefits
of the a	bovemen	itioned u	nclaimed o	or unpaid	distribu	tion a	mount of	the deceas	sed.		
				•							
Solemn	ly affirme	ed at:						S	ignatur	e of C	eponent
Signed I	before m	е									
Place:											
Date :											
Signatu	re of Not	ary with									
•		•	Regn. No.								



Annexure-II B

Indemnity Bond given by all Legal Heir(s) of the deceased Unitholder including Claimant(s)

For claiming of Unclaimed or Unpaid Distribution, on death of Sole Unitholder where no nomination has been registered

(To be executed on a Non-Judicial Stamp of appropriate Value and Notarized)

I/We do hereby solen	nnly affi	rm and state o	n oath as follo	ows:				
That Mr./Mrs (Name of Deceased Unitholder)								
has the following unc	laimed	or unpaid Distr	ibution Amou	nt in his	/her name	as singl	e holder:	
Name of Deceased	DP an	d Client ID of	Period for	which	No. of	Units	Amount	
Unitholder	Decea		distribution		held	by	unpaid	or
	Unith	older	unpaid	or	Deceased	i	unclaimed	
			unclaimed		Person			
That the aforesaid de								
leaving behind him/h of intestate succession							_	
death.	л аррп	cable to miny	ici by willen i	ic/siic v	as govern	cu at ti	ic time or m	3,1101
Name of the Legal He	eir(s)	Address and o	contact details	s	Age	Rela	ation with	the
	(-,						eased	
1)								
22								
OR That the aforesaid dec	hazsan	holder died on		with	nut register	ring anv	nominee le	aving
behind him/her the								
testamentary success			•		,		J	
		I						
Name of the Legal He	eir(s)	Address and o	contact details	S	Age		ntion with eased	the
1)								
Therefore, I/We, the	e Legal	Heir(s)/Claim	ant(s) and c	leponen	t(s) hereir	n has/h	ave, approa	ched
(Name of Mindspace Business Parks REIT/Manager of Mindspace								
Business Parks REIT/F			-					ed or
Unpaid Amount in th	ie nam	e or the unde	rsignea ivir. /	IVIS				



Name(s) of the legal heir(s)/claimant(s)], on my/our behalf, without insisting on production of a Succession Certificate/ Probate of Will / Letter of Administration or any Court Order, for which we execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to undersigned Mr. /Ms[Name					
I/We hereby jointly and severely agree and undertadefended, harmless, Mindspace Business Parks REIT, its successors and assigns its directors, officers, emplor all time hereafter against all losses, costs, claim damages, etc., whatsoever which they may suffer a Unclaimed or Unpaid Amount, as herein above memory. [Name(s) of the production of a Succession Certificate / Probate of W	Manager of Mindspace Business Parks REIT and oyees and unitholders and their heirs, executors ns, actions, demands, risks, charges, expenses, and/or incur by reason of transferring the said ntioned, at my/our request to the undersigned legal heir(s)/claimant(s)], without insisting on				
IN WITNESS WHEREOF the said					
1) Mr. /Ms					
(Name and signature of the witness) And					
2) Mr. /Ms					
(Name and signature of the witness),					
have hereunto set their respective hands and seals the	nis day of				
Signed and delivered by the said legal heir/s.					
Name the Legal Heirs	Signature of the Legal Heirs				
1					
Signed before me Place:					

Date:

Signature of Notary with

Official Seal of Notary & Regn. No.



Annexure-II C

No Objection given by all Legal Heir(s)/Successor(s)/Nominee(s)/Administrator(s) of the deceased Unitholder in favour Claimant(s) for transfer of unclaimed or unpaid distribution in his/her name.

Format of NOC from all other Legal Heir(s) for Claimant claiming of Unclaimed or Unpaid Distribution, on death of Sole Unitholder where no nomination has been registered

[To be submitted in non-judicial stamp paper of appropriate value] DECLARATION

Unitholder	Deceased	distribution	is	held	by	unpaid	or
Name of Deceased	DP and Client ID of	Period for	which	No. o	f Units	Amount	
amount in his / h	er name as single hold	der:					
(i) That the above	named deceased hole	der has the fo	ollowing	g unclaim	ned or un	paid distrik	oution
I/We, the legal heir(s declare as follows –	s) of late Mr. / Ms		(Name of	the Dece	ased Unith	older)

Name of Deceased	DP and Client ID of	Period for	which	No. of	Units	Amount	
Unitholder	Deceased	distribution	is	held	by	unpaid	or
	Unitholder	unpaid	or	Deceased		unclaimed	
		unclaimed		Person			

- (ii) That the deceased had died intestate on [D D / M M / Y Y Y Y] and without registering any nominee.
- (iii) That the following Claimant(s) has/have applied for the aforesaid unpaid or unclaimed distribution amount:

Name of the Claimant(s)	Address and contact details	Age	Relation	with	the
			Deceased		
1)					

(iv) That I / We are the legal heir(s) of the deceased holder, apart from the Claimant(s) who has/ have applied for claiming the unclaimed or unpaid distribution amount as aforesaid and our details are as follows:

Name of the Legal Heirs(s)	Address and contact details	Age	Relation Deceased	with	the
1)					

(v) I / we hereby declare that, I / we do not desire to make any claim in respect of the title to the aforesaid unclaimed or unpaid distribution amount held by the said deceased unitholder and I / we hereby wilfully relinquish & renounce all my /our rights in respect of the aforesaid unclaimed or unpaid distribution amount and shall have no legal claim upon said unclaimed or unpaid distribution amount, in future.



(vi) Accordingly, I / we declare that I / we have NO OBJECTION WHATSOEVER in Mindspace Busine Parks REIT, processing the aforesaid unclaimed or unpaid distribution amount in favour of the Chairmant (No. 1997).
Claimant(s) Mr. / Ms (Name of Claimants).
(vii) I / we hereby state that whatever is stated herein above are true to the best of my/or
knowledge and nothing has been concealed therein.
Name(s) and Signature(s) of Legal Heir(s) who are Non – Claimant(s):
1)
2)
3)
VERIFICATION
We hereby solemnly affirm and state that what is stated herein above is true to our knowledge
and nothing has been concealed therein and that we are competent to contract and entitled to
rights and benefits of the above mentioned unclaimed or unpaid distribution amount.
Solemnly affirmed at
Deponents (1), (2), (3)
Deponents (1), (2), (3)



Annexure-III

Request letter by surviving unitholder in case of demise of first holder, with which units of Mindspace Business Parks REIT were held jointly

To,

Company Secretary and Compliance Officer Mindspace Business Parks REIT

Registered Office - Raheja Tower, Block 'G', C-30, Bandra Kurla Complex,

Mumbai - 400 051, India Tel: +91 022- 2656 4000

Email: reitcompliance@mindspacereit.com

KFin Technologies Limited

(Unit: InvIT & ReIT Operations)

1st Floor, Selenium Tower B

Plot 31 & 32, Gachibowli Financial District

Nanakramguda, Serilingampally Hyderabad 500 032, India Tel: +91 040- 79615205;

Email: kraheja.reit@kfintech.com

Dear Sir,

I/We, undersigned, being the surviving holder(s), in the joint demat account, hereby request you to remit the unclaimed distribution amount in the name of second holder, due to the death of first holder on DD/MM/YYY.

We, hereby enclosed a copy of Death Certificate of demised first holder, duly attested by the Notary Public or Gazette Officer.

Account Holder details						
Details of the Holder	Details of the Holder Name of Joint Account Holder(s)					
First Holder						
Second Holder						
Third Holder						
DP Id						
Client Id						
Amount of distribution	Period for which	No. of units held	Amount unpaid			
Unpaid or Unclaimed	distribution is					
	unpaid or					
	unclaimed					
Mobile No						
Email Id of the Unitholder						



I, request you to credit the above distribution amount in my bank account as per details mentioned below.

Bank Name	
Account Number	
Account Type*	
IFSC Code	
MICR No.	
Name of Bank Branch	
City	
PIN	

In consideration of you having agreed to credit the distribution amount in the bank account as per the details mentioned above in my name, I hereby agree to undertake that upon having agreed to credit the above distribution amount in the bank account, I/we the undersigned applicant hereunder for myself/ ourself, my/our heirs, executors, administrators and assigns shall jointly and severally, indemnify and keep indemnified Mindspace Business Parks REIT, the Manager of Mindspace Business Parks REIT, its successors, assigns, its directors, officers, employees and unitholders and their heirs, executors, at all times, from and against any and all actions, suits, proceedings, accounts, claims and demands made, suffered or incurred, including any legal or other fees and expenses actually incurred in connection with investigating, disputing, preparing or defending any actions, claims, suits or proceedings, to which such entities/individuals may become subject to under any applicable law or otherwise consequent upon or arising, directly or indirectly, out of or on account of the said distribution amount or any part thereof or otherwise in connection with the same.

I hereby also undertake to surrender the said original Demand draft to the Manager for cancellation, if and when the same is/are found at a later date.

I/ We am/ are enclosing the following documents along with the Claim format for remitting the payments:

I/ We am/ are enclosing the following documents along with the Claim format for remitting the payments:

- 1. Copy of Permanent Account Number (PAN) of the deceased Unitholder issued by the Income Tax Department
- 2. Address proof of deceased Unitholder
- 3. DP and Client ID of deceased Unitholder
- 4. Self-attested copy of PAN of the Claimant
- 5. Copy of cancelled cheque
- 6. Latest Client Master Ledger stating the current bank details.
- 7. Original Distribution Warrant/Demand Draft (if available with the Unitholder)
- 8. Self-attested copy of Address Proof of the Claimant



9. Death Certificate of First Joint Holder duly attested by the surviving holders(s), which shall be subject to the verification with the original or copy of death certificate duly attested by the notary public or gazette officer

Signature of Surviving Unitholder:

Name of Surviving holder(s)	
Signature	
Email:	
Contact No	
Date	
Place	