Transpek Industry Limited

CIN: L23205GJ1965PLC001343

Registered Office: 6th Floor, Marble Arch,



Race Course Circle, Vadodara - 390 007. Fax: 2335758 E-mail: fd@transpek.com

UNSECURED FIXED DEPOSIT SCHEMES

THE INTEREST RATES ARE EFFECTIVE FROM 1st JULY, 2020

CRISIL Rating 'FA/Stable'

(Only For Share Holder)

reative Chemistry

SCHEME A NON CUMULATIVE DEPOSITS								
Period	Minimum Deposit (from	RATE OF INTEREST P.A. (%)						
	Shareholders) Amt. Rs	Shareholders						
2 Years	10,000/-	7.75%						
3 Years	10,000/-	8.00%						

SCHEME B CUMULATIVE DEPOSITS								
	Minimum	MATURITY A	AMOUNT RS.					
Period	Deposit (from	SHAREHOLDERS						
, oned	Shareholders) Amt. Rs	Maturity Amt Rs.	Effective Return P.A.					
2 Years	10,000/-	11,659/-	8.30%					
3 Years	10,000/-	12,682/-	8.94%					

For Detailed Terms & Conditions Please refer to the circular dated. 01/07/2020.

APPLICATION FORMS CONTAINING TERMS AND CONDITIONS SUBJECT TO WHICH APPLICATION WILL BE ACCEPTED ARE AVAILABLE AT THE FIXED DEPOSIT DEPT. OF THE COMPANY OR AT THE FOLLOWING OFFICES OF BROKERS.

(BARODA.)

MUMBAI. UPENDRA DALAL &

ASSOCIATES

SAMPAT

MRS. MEENAXI M.

BARODA.	
S. R. PATEL	: 27, Suvas Colony, Opp. Fatehsagar Appt, Checkmate Lane, Fatehgunj, Vadodara-02, Mo. 9724201540
NEETA P. LANDGE	: Behind G.P.O. Raopura, Vadodara - 390 001, Phone No. : 0265-2422860 / 2431136
YOGISWAMI FINANCE	: C/o. Nandubhai S. Patel, 215 Fortune Tower Vadodara Stock Exchange, Sayajigunj,
	Vadodara-05 Ph.: 0265-2362866, Mo. 9825061614
ISHWAR FINANCIAL	: Rajas Sadan 1st Floor, Nr. Siddhivinayak Temple Jambubet, Dandia Bazar,
SERVICES	Vadodara-01, Ph.: 0265-2416219 / 2416025, Mo. 9824071532
INDRAVADAN I. PATEL	: "Ambica", 17 Anand Nagar Society, B/H. New India Mills, Vadodara - 390 007.
SALIL S. DALAL	: C-204, 2nd Floor, Payal Complex, Dalal Street Sayajigunj, Vadodara - 390 005.
	Ph. 0265-2225112, Mo. 9898002332
NAVINCHANDRA FIN.CON	S: 101, Paradise Complex, Sayajigunj, Vadodara- 390 005. Ph.: 0265-2225779 / 2225121
YOGI FINANCIAL CONSU.	: Maharastra Boardingline, Brahmpuri, Dandia Bazar, Vadodara- 390 001. Ph.: 2421041
PRASHANT B. LANDGE	: 201-203, Ground Floor, Shri Dutta Kutir Appt, B/H. G.P.O. Raopura, Vadodara -390 001.
	Ph.: 0265-2427299 / 2427920, Mo. 9825392484
JAY INVESTMENT	: 215, Ashwamegh Complex, Opp. Sayaji Vihar Club, Rajmahal Road, Vadodara - 390 001,
	Ph.: 0265-2417779, Mo. 9426369619
BAJAJ CAPITAL LTD.	: 120, Siddharth Complex, R.C. Dutt Road, Alkapuri, Vadodara - 390 007. Ph.: 2340211
INTERGRATED ENT (I) LTD	b.: F-40/41, 1st Floor National Plaza, R.C. Dutt Road, Alkapuri, Vadodara - 390 007.
	Ph.: 2343677 / 2323783
JHAVERI SECURITIES LTD	.: 1st Floor, 136/137, Paradise Complex, Sayajigunj, Vadodara - 390 005.
	Ph.: 0265-2361096 / 2362027
KARVY STOCK BROK. LTD	D.: 46, Avenue 4 Street No. 1 Banjara Hills Hyderabad - 500 034 Ph.: 040-23312454
SUDIP FIN. SERVICES	: U Patel, 28, Payal Complex, Sayajigung, Vadodara - 390 005.
PVT LTD.	Ph. 0265-2361525 / 2362424 Mo. 9825334636
GAURANG FIN. SERVICES	: 188, Anand Nagar Society, Nr. Water Tank Karelibaug, Vadodara - 390 018,
	Ph.: 0265- 2397539 / 2486591, Mo. 9824015265
GAYATRI FINANCIAL CON	SU : 2nd Floor, 218 Fortune Tower, Sayajigunj, Vadodara-05, Ph.0265-2225984, Mo. 9824765560

Mumbai - 400 023, Mo. 09819868405

Vile Parle, Mumbai Mo. 09820925044

: 17, Rajgir Chamber, 2nd Floor, Opp. C/o. Custom House, Sahid Bhagat Singh Road,

Juhu, Vishal HSG Society, BLD No.1st Floor #4, Gulmohar Cross Road No. 5, Juhu Scheme

, , ,	lustry Limi Arch, Race Course Circle, N		+91 265 2335444, 234	2264, 23	34141,	23357	'57 Fax	: 2335	758		\$ 1	ranspe reative Cherr
	APP	LICATION FOR	M FOR FIXED	DEPO	SIT	SCI	HEME	ES			No.	
Dear sirs	um stated helow in Fived	Denosit with you in acc	ordance with the te	ms and o	conditio	ne ac	vernin	a tha				
I/We request you to keep the sum stated below in Fixed Deposit with you in accordance with the terms and conditions governing the Fixed Deposit Schemes which I/We have read, understood and agreed to abide by.												
I/We declare that I/We are resident(s) in India and am/are not depositing this amount as nominee(s) of any person residing outside, I/We DECLARE THAT THE AMOUNT IS NOT BEING DEPOSITED OUT OF THE FUNDS ACQUIRED BY ME/US BY WAY OF BORROWING OR ACCEPTING DEPOSITS FROM ANY PERSON. I/We declare that the first named depositor is the beneficial owner of the deposit and is to be treated as the payee for the purpose of deduction of tax under Section 194A of the Income-Tax Act, 1961, I/We also declare that what is stated in this application is true and correct.												
SCHEME	(A) NON-CUMU	JLATIVE	(B)	CUMU	LATI\	/E [
DEPOSIT	NEW			RENEV								
NOTE	Please write in	block letter and t	ick (<u>√</u>) in ap	ropria	ate bo	ОХ						
AMOUNT OF DEPOSIT		Rupees (in word	ds)									
By Cheque / Demand D	Oraft No	Dated _		Drawr	า							
(Cheque / Demand Dra Renewal FDR No				_							_	
PERIOD OF DEPOSIT		2 YEARS		3 YEAF								
TAX STATUS OF FIRST AF	PPLICANT	1 Res. Individu	ual 🔲	2 Dom	estic	Com	pany		3	HU	JF	
SUBMITTED TAX EXEMP	PTION FORM	FORM 15G / F	ORM 15 H (ATT	CH PH	ото	OP	OF P	PAN)				
CATEGORY		SHARE HOLDE	R - FOLIO/DP IC	CL ID.								
SENIOR CITIZENS (60 ye	ars & Above) Yes	Birth Date		No [
Aadhar No. First Holder	·											
Occupation Private Se			Business	etired[H	ouse	wife	S	tude	ent	Other (P	lease Speci
DEPOSIT REPAYABLE TO	1 FIRST NAME	D DEPOSITOR	2 EITHER OR SU	RVIVC	R. 🗌	3	ANY (ONE	OR:	SUR	VIVIOR	
DETAILS OF OTHER DEP	OSIT WITH THE CO	MPANY NO	YES F	R NO.				_ D/	ATE			
ADDRESS OF THE FIRS	T NAMED DEPOS	TORS										
PIN	Mobile / Tel. No.		E	-mail	ID : _							
APPLICANTS FU						AN I					GUARDIAN'S (IN CASE	S FULL NAI OF MINOR)
1. Mr/Mrs/Miss												
2. Mr/Mrs/Miss					11	一		П	\Box	一		
Z. IVII / IVITS/ IVIISS					1 1	- 1						
					++	+		Н	\Box	\dashv		
3. Mr/Mrs/Miss												
3. Mr/Mrs/Miss NOMINEE'S NAME							TION					
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA	N (In case of min				B	IRT	H DA	TE C)F N			
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co	AN (In case of minetails of First Applicant	nt for Interest pu		enclose	B	IRT	H DA	TE C)F N			andatory)
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co Bank Name	AN (In case of minetails of First Applicant	nt for Interest pu		enclose	B	IRT	y of yo	our C	ance			andatory)
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co Bank Name Branch & Locality	AN (In case of minetails of First Applicant	nt for Interest pu		enclose	B	IRT	y of yo	TE C	ance			andatory)
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co Bank Name Branch & Locality MICR Code	AN (In case of minetails of First Applicant	nt for Interest p		enclose	Photo	ocop	H DA	our C	ance	elled	d Cheque-Ma	
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co Bank Name Branch & Locality	AN (In case of minetails of First Applicant	nt for Interest p			Photo	ocop	H DA	our C	ance	elled		
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3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co Bank Name Branch & Locality MICR Code	AN (In case of minetails of First Applicant	nt for Interest p			Photo	ocop	H DA	our C	ance	elled	d Cheque-Ma	
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Co Bank Name Branch & Locality MICR Code	AN (In case of minetails of First Applicant	nt for Interest pu		1 2 3	Photo	ocop	H DA	our C	ance	elled	d Cheque-Ma	
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3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/C/ Bank Name Branch & Locality MICR Code AUTHORIZED BROKER	AN (In case of minetails of First Applicant A	nt for Interest pu	IFS Code [1 2 3 LY BR	Photo	IRT	y of you	code	ECIM	elled I	SIGNATUR	RE
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Cd Bank Name Branch & Locality MICR Code AUTHORIZED BROKER	AN (In case of minetails of First Applicant A	TOTAL PORT OF THE PROPERTY OF	IFS Code [1 2 3 LY BR	Photo API	IRT	y of you	our Code	ECIM	elled I	SIGNATUR	RE ATE OF
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/Cd Bank Name Branch & Locality MICR Code AUTHORIZED BROKER	AN (In case of minetails of First Applicant A	FOR O DATE OF REALISATION	FFICE USE ON PAY IN SLIP NO. & DT	1 2 3 LY BR COL	Photo API	PLIC	Pin ANT'S AMM	code	ECIM	lled I	SIGNATUR	ATE OF TURITY
3. Mr/Mrs/Miss NOMINEE'S NAME NAME OF GUARDIA Please fill in the Bank De Bank Account No. SB/C Bank Name Branch & Locality MICR Code AUTHORIZED BROKER FDR NO & DATE TRANSPEK INDUSTRY	AN (In case of minetails of First Applicant A	FOR O DATE OF REALISATION	FFICE USE ON PAY IN SLIP NO. & DT	1 2 3 LY BR COE	OKER DE NO	IRT Decoposition IRT Deposition IRT Deposition IRT IRT IRT IRT IRT IRT IRT IRT IRT IR	Pin Pin ANT'S AMM SELIP Oraft/FD	code	ECIM	/IEN	DA MA	ATE OF TURITY

	<u> ><b <b <b <b <b <b </b <br <="" u=""/></u>										
	FORM NO. 15G [See section 197A (1),197A(1A) and rule 29C] [Declaration under section 197A(1)and section 197A (1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax. PART I										
敱	1. Name of Assessee (Declarant) 2. PAN of the Assessee ¹										
崩	3. Status ² 4. Previous Year (P.Y.) ³ 5. Residential Status ⁴ Residence Individual (for which declaration is being made)										
	6. Flat / Door / Block No. 7. Name of Premises 8.Road/Street/Lane 9. Area/Locality										
盤	10. Town/City/District 11. State 12. PIN 13. Email										
	14.Telephone No. (with STD Code) and Mobile No. 15.(a) Whether assessed to tax under the Income-tax Act,1961. ⁵ Yes No. (b) If yes, latest assessment year for which assessed									No.	
部	16	6. Estimated Income for which this dec	claration is r		17 Est	imate		e of the P.Y	in which income ment	l I tioned in	
驇	18	8 Details of Form No.15G other than t	nis form file	ed during the				aca			
嚣		Total No. of Form No	15G filed			Ag	gregate amou	nt of incom	e for which Form No.1	5G filed	
翌	10	9 Details of income for which the decla	ration is file	-d							
쁆	_	No Identification number of relevant in			. Nat	ure c	of income	Section und	er which tax is deductible	Amt of In	come
頭	1	Transpek Industry Limited 6 th Floor, Marble Arch, Race Course	Vadodara	390 007	Interest	ther	than security		194A		
語		o Tiooi, Marsie Aleii, Nace coarse	, vadodara .	330 007				ı			
頭				Decla	ration/Veri	ficati	on¹0	x.	Signature	of the Decl	, II
淵		/We							and belief what is stated		
弱		omplete and is truly stated. *I/We declare ne Income-tax Act,1961. *I/We further de									
똂	ag	ggregate amount of *income/incomes ref	erred to in c	olumn 18 con	nputed in acc	orda	nce with the pr	ovisions of t	he Income-tax Act, 1961	, for the pre	vious
뿖		ear ending on rele eferred to in Column 16 *and the aggreg									omes
즲		elevant to the assessment year									
똂		lace:						x.	Signature	of the Decl	~ I'
	Di	ate :	.		PART II				_	or the Beth	arant
	1.	To be filled by to Name of the person responsible for page 1		responsible			ue Identificati		nn 16 of Part IJ		
뽔		Transpek Industry Limited	76				,				ľ
	3.	PAN of the person responsible for paying AAACT8639B		te Address :				5 T/	AN of the person respo		aying
敱	6.	Email : fd@transpek.com		one No. (witl				8. Amo	ount of Income Paid ¹²		
敱	9.	Date on which Declaration is received	(DD/MM/Y			0. Da	te on which th	ne income l	nas been paid/credited ***	(DD/MM/Y	YYY)
<u> </u>		** 30th June, 30th September, 31st De	ecember, 31	st March and	d / or on Ma	turit		Signaturo	f the person responsib	le for navin	
顗		ate :						-	e referred to in Column		- 1
꾊		Delete whichever is not applicable. ¹ As per pro									
迢		s valid Permanent Account Number (PAN). ² Dection 197A(1A). ³ The financial year to which			•						
驵		lease mention "Yes" if assessed to tax under to desclaration is filed. 6 Please mention the ar	•		-	•					
淵	wl	hich this declaration is made. ⁷ In case any de	claration(s) in	Form No. 15G	is filed before	filing	this declaration o	during this pr	evious year, mention the to	otal number o	of such
笳		orm No. 15G filed along with the aggregate am Irm deposit, recurring deposit, National Saving									
35	be	ehalf of a HUF,AOP etc. 10 Before signing the dependence in all respects. Any person making a	claration/ver	rification, the d	eclarant shou	ld sat	isfy himself that	the informat	ion furnished in this form	is true, corre	ct and
淵	со	onviction be punishable-(i) in a case where tax	sought to be e	vaded exceeds	twenty-five la	kh rup	pees, with rigoro	us imprisonm	ent which shall not be less	than six mont	hs but
訠		hich may extend to seven years and with fine ears and with fine. ¹¹ The person responsible t									
	re	ceived by him during a quarter of the financi	al year and re	port this refere	nce number a	long	with the particul	ars prescribe	d in rule 31(A)(4)(vii) of the	e Income-tax	Rules,
뗾	nu	962 in the TDS statement furnished for the sar umber for Form No. 15G and Form No. 15H. ¹²	The person re	esponsible for	paying the inc	ome r	eferred to in colu	umn 16 of Pa	rt I shall not accept the dec	claration whe	re the
囂		mount of income of the nature referred to in so e credited or paid during the previous year in v	. ,								· ·
闒		e is required to verify income or the aggregate	amount of inc	omes, as the ca	se may be, rep	orted	by the declarant	in columns 1	6 and 18;		, ,
	5										اتصيحان

	3G(2)C		(KGBG	라더라면			당대는			
翦	FORM NO. 15H										
뽏	[See section 197A (1C) and rule 29C] (1A) Declaration under section 197A(1C) to be made by an individual who is of the age of sixty years or more										
諯	claiming certain incomes without deduction of tax										
笳	PART I										
	1. Name of the person responsible for paying 2. PAN of the Assessee ¹ 3. Date of Birth ²										
啦	(DD/MM/YYYY) A Provious Year (DV) ³ C Name of Promises										
뷢	4. Previous Year (P.Y.) ³ 5. Flat / Door / Block No. 6. Name of Premises (for which declaration is being made)										
빪		treet/Lane	8. Area/Locality			9. Town/C	ity/District		10. State		
嚣	J. Howity district 15. State										
	11. PIN 12. Email 13.Telephone No. (with STD Code) and Mobile No.										
迢	14 .(a) Whether assessed to tax ⁴ : Yes No (b) If yes, lates assessment year for which assessed										
乮	15. Estim	nated Income for which this de	claration is made		16 Estin	nated total i	ncome of the F	Y. in whi	ich income	mentioned in	
盟						15 to be inc	luded⁵				
嚣	17 Detai	ls of Form No.15H other than		he previous							
讉		Total No. of Form N	o. 15H filed		A	ggregate ar	nount of incom	ne for wh	ich Form N	o.15H filed	
遊	10 Datail	f:									
		s of income for which the declentification number of relevan		nt etc ⁷	Nature of	income	Section under	which tay	is deductible	Amount of Income	
鼎		anspek Industry Limited	t investment, accou		erest other t			194A	13 acaactibic	Amount of meome	
뽏		Floor, Marble Arch, Race Cou	rse, Vadodara 390 (1				
諯											
弱							х				
邨				Declaratio	n/Verification	on ⁸			Signature	of the Declarant	
翦	I									of the Income-tax	
뛻		. I also hereby declare that to the referred to in this form are not i	•	-							
淵		nat the tax on my estimated to								10	
韶		o in column 17 computed in acc			ne Income-ta	x Act,1961, f	or the previous	year endi	ing on		
萸	relevant t	o the assessment year	will be nil	l.							
翦							х			of the Declarant	
뽏	Date :		ho novem vecuenc		PART II		سمسرياهم الم	15 of Do		or the Declarant	
諯	1 Nama		he person respons								
141141		of the person responsible for p					2 Unique Iden				
弬	3.PAN of	the person responsible for par AAACT8639B	ring 4 Complete A						person resp BRDT0049	onsible for paying	
#	6 Email:	fd@transpek.com	7. Telephone						come Paid ¹⁰		
器	U. LIIIaii .	id@transpek.com	7. Telephone		2335444	id iviobile iv	o. o. Amot	int or mic	Joine Faiu		
ij	9. Date o	n which Declaration is receive	d (DD/MM/YYYY)				he income has	been pai	id/credited		
莭						/MM/YYYY)	***				
盟	*** 30th	June, 30th September, 31st D	ecember, 31st Marc	ch and / or	on Maturity	Date (s)					
삚	Place:					_	Signature of th	e person	responsibl	e for paying	
嵩	Date :						the income re	ferred to	in Column	15 of Part I	
		hichever is not applicable. ¹ As per		. ,,			` '			l l	
竩		nanent Account Number (PAN). 2De financial year to which the inco									
쀯	•	nt year out of six assessment year								'	
쀪		ear for which the declaration is file	•						. ,	li li	
쑀		ng this declaration during this prev ration(s) have been filed. ⁷ Mentio									
행	insurance	policy number, employee code, et	c. Before signing the o	declaration/	verification, tl	ne declarant s	hould satisfy him	self that t	the informati	on furnished in this	
竝		ue, correct and complete in all res ox Act, 1961 and on conviction be		•						ľ	
녪		ll not be less than six months but v									
삚	than three	e months but which may extend to	two years and with fi	ine. ⁹ The pe	rson responsi	ble for paying	the income refe	rred to in	column 15 c	of Part I shall allot a	
껆		entification number to all the For s prescribed in rule 31(A) (4)(vii) o									
譋	Form No.	15G during the same quarter, plea	se allot separate serie	es of serial n	umber for Foi	m No. 15H aı	nd Form No. 15G	. 10 The pe	erson respon	sible for paying the	
访		ferred to in column 15 of Part I sha ounts of such income credited or p	•						•	,	
卯		hich is not chargeable to tax after	•								
訠	property"	for which the declarant is eligible	. For deciding the elig							li li	
mill.	reported b	by the declarant in columns 15 and	17." • / בו ובו. / בו ובו. / בו								