

MEMBERS' FEEDBACK FORM 2025-26

Please help us serve you better by sharing your feedback.

MEMBER DETAILS

Name: _____

Address: _____

City / Pin Code: _____ Email: _____

Mobile No.: _____ Folio No. (Physical): _____

DP ID: _____ Client ID: _____

No. of Equity Shares held: _____

PLEASE RATE US (tick one per row)

Category	Excellent	Very Good	Good	Satisfactory	Poor
Annual Report Presentation & Contents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Discussion & Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Responsibility & Sustainability Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Governance Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board's Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Statements Quality & Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company Website Investor Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investor Services Response time & quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receipt of Annual Report Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual General Meeting Conduct & convenience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividend Receipt Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Views / Suggestions for improvement:

Signature: _____ Date: _____

Please send this completed form to: Company Secretary, Shinox Group Limited, Ward No.7 Preet Nagar Chopan District, Sonbhadra - 231205, UP | Email: investor@shinox.com

BUSINESS REPLY INLAND LETTER

Postage will be paid by the Addressee	No postage stamp necessary if posted in INDIA
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To,

Vaibhav Pratap

Company Secretary & Compliance Officer

Shinzo Group Limited

Ward No.7 Preet Nagar Chopan District,
Sonbhadra - 231205, Uttar Pradesh

BUSINESS REPLY PERMIT | contact@shinzo.com | shinzo.com