



Samrat Pharmachem Limited

Manufacturers & Exporters of Pharmaceutical Chemicals

Regd. Office & Factory

Plot No. A2/3445, GIDC, Phase 4,
Opp. PCI, Ankleshwar – 393 002,
Gujarat, India
Tel : +91-7045456789 / 7046456789
Web: www.samratpharmachem.com

CIN: L24230GJ1992PLC017820

Corporate Office

701/702, Business Square,
M. A. Road, Andheri (West),
Mumbai – 400 058, India.
Tel : (91-22) 26701050/1/2
Email: contact@samratpharmachem.in

March 24, 2023

To,
**Department of Corporate Services,
BSE Limited**
P J Towers,
Dalal Street,
Mumbai - 400 001.

Ref: Scrip Code: 530125

Dear Sir/Madam,

Sub: Intimation under Regulation 39(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015

Pursuant to Regulation 39(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, we hereby furnish the details of loss of share certificates/ request for issue of duplicate share certificate received from our Registrar and Share Transfer Agent, Link Intime India Private Limited on March 22, 2023.

Sr. No.	Folio No.	Name of the Shareholder	Share Certificate No.	Share Distinctive Nos.		No. of shares of Rs. 10 each
1.	0013335	ISMAIL IBRAHIM SHAIKH	19483	1948201	1948300	100
			19484	1948301	1948400	100

This is for your information and record.

Thanking you,

Yours faithfully,
For Samrat Pharmachem Limited

Nishant Kankaria
Company Secretary and Compliance Officer

Samrat Pharmachem Limited

From: instamisreports@linkintime.co.in
Sent: 22 March 2023 04:01
To: contact@samratpharmachem.in; sheetal@samratpharmachem.com
Cc: ashok.shetty@linkintime.co.in
Subject: Stop Transfer Intimation under Regulation 39(3) of SEBI LODR (2015)
Attachments: ID587.pdf

Dear Team,

As per the Regulation 39(3) of SEBI (Listing obligations and disclosure requirement), Regulation 2015, we are sending herewith information pertaining to Stop Transfer which we have already noted in our database. Please find attached letter received from the Investor.

Client Name : Samrat Pharmachem Limited

Stop Transfer Date	Folio No	Name	Certificate No.	Distinctive No.	No. of Shares	Reason
21 Mar 2023	0013335	ISMAIL IBRAHIM SHAIKH	19483	1948201 - 1948300	100	Lost By Holder
21 Mar 2023	0013335	ISMAIL IBRAHIM SHAIKH	19484	1948301 - 1948400	100	Lost By Holder

Regards
Link Intime India Pvt Ltd.

This is an auto generated report.

LETTER RECEIVED
VIA EMAIL

Inward

From: Anthony Nadar <anthony.nadar@linkintime.co.in>
Sent: Monday, March 20, 2023 3:25 PM
To: inward
Cc: jayshree
Subject: inward for stop mark
Attachments: samratstop.pdf

Dear team,

Company name :-

Samrat Pharmachem Limited

FOLIO NO. :- 0013335

Holder name :-

ISMAIL IBRAHIM SHAIKH

Kindly inward for stop mark for certificate NO.

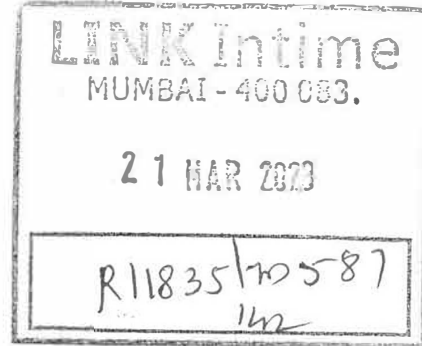
19483, 19484

(LOST BY HOLDER)

Refer ID85218

Regards

ANTHONYK



58963-73441

10349

Rubina Ismail Shaikh.
7-B, Padmavati Sosa-1,
Limbayat, SURAT-394210.
GUJRAT.

TO,

Link Intime India (P) Ltd.
C-101, 247 Park, LBS Marg,
Vikhroli, (West) Mumbai-400083.
Maharashtra, India.

Dear Sirs/ Madam,

Unit: 'SAMRAT PHARMACHEM LTD'

Folio no: 013335, No. of Share-200.

Cerno: 00019483, Dis no: -01948201 to 01948400.

Sub:- We are the joint holder. To dismiss the first holder name and on record registration second holder name due to first holder my father's death, and we have miss place or lost the original certificate.

With reference to the subject mention above I and my father are the joint share holder on your record which details are as above. At present due to death my father are be late and I am only the singal holder of this share certifficate. other thing is that we have miss place or lost original share

certificate that is why I require duplicate share certificate. For this as per your guideline and formats

received from you it is my kindly request to dis miss my father name and registered only my name

and send duplicate share certificate I here with submit all the necessary documents, proof and

evidence.

I wait for favourable reply as early as possible.

Thanking you,

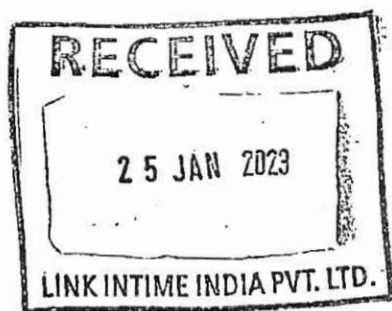
Yours faith fully

(RUBINA ISMAIL SHAIKH)
Surat-394210. Dt: 17th January 2023

ISR-2 Received not ok

Link Intime India Pvt. Ltd. - KYC	
Scr. by	Pawan-62
Signature Verification	✓ 178%
Signature Tally	Y <input checked="" type="checkbox"/> N <input type="checkbox"/> X <input type="checkbox"/>
Scr. by	Sergar
Date Entry	

077303



Form ISR - 1

(-SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing Investor's service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

REQUEST FOR REGISTERING PAN, KYC DETAILS OR CHANGES / UPDATION THEREOF

[For Securities (Shares / Debentures / Bonds, etc.) of listed companies held in physical form]

A. I / We, request you to Register / Change / Update the following (Tick ✓ relevant box)

Date : 10/01/2023

<input checked="" type="checkbox"/> PAN	<input checked="" type="checkbox"/> Signature	<input checked="" type="checkbox"/> Mobile Number
<input checked="" type="checkbox"/> Bank details	<input checked="" type="checkbox"/> Registered Address	<input checked="" type="checkbox"/> E-mail address

B. Security and KYC Details [to be filled in by the First Holder]

Name of the Issuer Company	SAMRAT PHARMACHEM LIMITED	Folio No(s)	013335
Face value of Securities	10/-	Number of Securities	200/-
Distinctive number of Securities (Optional)	From 01948201	To 01948400	
E-mail Address			
Mobile Number	7622968621		

C. I/We are submitting documents as per Table below (tick ✓ as relevant, refer to the instructions):

Name(s) of the Security holder(s) In Capital as per PAN Copies of PAN of all the Holder(s) duly self-attested with date to be enclosed with this Form.	PAN	PAN Linked to Aadhaar -Y/N Tick any one [✓]
1.		Yes / No
2. RUBINA ISMAIL SHAIKH	BPRPS78298	Yes / No
3.		Yes / No
4.		Yes / No

Note: * PAN shall be valid only if it is linked to Aadhaar by March 31, 2022, or any other date as may be specified by CBDT.

To know the status of your Pan Linked to Aadhaar check on this link: <https://www.incometax.gov.in/iec/foportal>

Bank Account Details of First Holder		
Name of the Bank & Branch	STATE BANK OF INDIA	IFSC SBIN0016695
Bank A/c No.	20384625912	Tick any one [✓]- Acct type <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Any other []

Note: Original cancelled cheque leaf bearing the name of the first holder is mandatory, failing which first security holder shall submit copy of bank passbook / statement attested by the Bank for registering the Bank Account details.

Demat Account Number	16 digit DP/CL []
----------------------	--------------------

Also provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.

Authorization: I / We authorise you (RTA) to update the above PAN and KYC details in my / our above folio(s) (use Separate Annexure if extra space is required) in which I / we are the holder(s). [strike off what is not applicable]

Declaration: All the above facts and documents enclosed are true and correct.

First Holder	Joint Holder - 1	Joint Holder - 2	Joint Holder - 3
Signature			
Name		RUBINA ISMAIL SHAIKH	
Address		F-B. PADMAVATI SOSA-1 LIMBAYI, SURAT-394210 GUJARAT	
Pin		394210	

Note: If the address mentioned above differs from the address registered with the Company, you are requested to record the new address by submitting the documents as specified in point (3) overleaf.

LINK Intime

I/We are submitting documents as per Table below (tick✓as relevant, refer to the instructions):

No.	✓	Document/Information/Details	Instruction/Remark
1	<input checked="" type="checkbox"/>	PAN of (all) the (joint) holder(s)	PAN copies of all the holder(s) duly self-attested with date to be enclosed. PAN shall be valid only if it is linked to Aadhaar by March 31, 2022, or any date as may be specified by the CBDT. For Exemptions / Clarifications on PAN, please refer to Objection Memo as specified in SEBI circular.
2	<input type="checkbox"/>	Demat Account Number	Provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.
3	<input checked="" type="checkbox"/>	Proof of Address of the first Holder	Provide self attested copy of any ONE of the documents, Issued by a Govt. Authority, only if there is change in the address; <ul style="list-style-type: none"> <input type="checkbox"/> Client Master List (CML) of your Demat Account, provided by the Depository Participant. <input type="checkbox"/> Valid Passport/ Registered Lease or Sale Agreement of Residence/ Driving License/Flat Maintenance Bill* <input type="checkbox"/> Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old. <input type="checkbox"/> Identity card (with Photo) / document with address, issued by Central/State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions. <input type="checkbox"/> For FII / sub account, Power of Attorney given by FII / sub-account to the Custodians (which are duly notarized and / or apostilled or consularised) that gives the registered address should be taken. <input type="checkbox"/> The proof of address in the name of the spouse* <p>* Kindly provide additional self-attested copy of Identity Proof of the holder/ claimant.</p>
4	<input checked="" type="checkbox"/>	Bank details	Provide the latest copy of the bank statement with details of bank name, branch, account number and IFSC or Original cancelled cheque leaf bearing the name of first holder. Alternatively, Bank details available in the CML as enclosed will be updated in the folio.
5	<input checked="" type="checkbox"/>	E-mail address	As mentioned on Form ISR-1, alternatively the E-mail address available in the CML as enclosed will be updated in the folio.
6	<input checked="" type="checkbox"/>	Mobile	As mentioned on Form ISR-1, alternatively the mobile number available in the CML as enclosed will be updated in the folio.
7	<input checked="" type="checkbox"/>	Specimen Signature	Provide banker's attestation of the signature of the holder(s) as per Form ISR – 2 and Original cancelled cheque leaf bearing the name of the first holder.
8	<input checked="" type="checkbox"/>	Nomination	Submit Form(s) as per any ONE of the following options. <ul style="list-style-type: none"> <input checked="" type="checkbox"/> SH-13 For First Time Nomination <input type="checkbox"/> SH-14 For Change in Existing Nomination <input type="checkbox"/> SH-14 and ISR-3 For Cancellation of existing Nomination and to "Opt-Out" <input type="checkbox"/> ISR-3 To "OPT-Out" of Nomination or if No-Nomination is required

Note: All the above forms are also available on our website..

LINK Intime

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

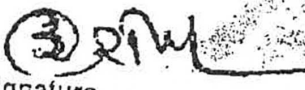
SHAIKH RUBINA ISMAIL

ISMAIL IBRAHIM SHAIKH

14/11/1977

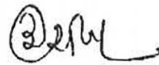
Permanent Account Number

BPRPS7829Q


Signature



24112007



श्री. अ. अ. अ. -
1923
27-3-23
nm



भारत सरकार
GOVERNMENT OF INDIA



शेख रुबीना इम्टियाझुसेन
Shaikh Rubina Imtiyazhusen
जन्म तारीख/DOB: 14/11/1977
स्त्री/ FEMALE
Mobile No: 9979574042

7426 0194 7249

VID : 9125 6366 5421 997 8

મારો આધાર. મારી ઓળખ



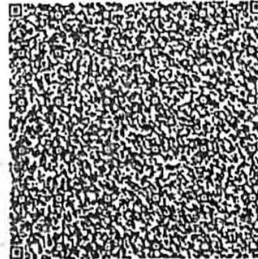
માસ્તીય-વિશિષ્ટ પહચાન પ્રાધિકરણ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

સરનામું :

S/O: રસુલમીયા, 7-બી, પદ્માવતી સોસાયટી, ગલી
નં-1, લિમ્બાયત, સુરત સીટી, સુરત,
ગુજરાત - 394210

Address :

S/O: Rasulmiya, 7-b, padmavati society,
gali no-1, limbayat, Surat City, Surat,
Gujarat - 394210



1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,
Bansalpur, Gandhinagar

30/11/17



भारतीय स्टेट बैंक
State Bank Of India

(16695)-KOHINOOR TAPI SPL HNI BR SURAT
G-2, TWIN TOWERS
SAHARA DARWAJA, RING ROAD, TALUKA: CHORYASI, SURAT 395002
Tel : 261 2356608 Fax : IFS Code : SBIN0016695 SWIFT :

चेक 3 महीने के लिए वैध / VALID FOR 3 MONTHS ONLY

D	D	M	M	Y	Y	Y	Y	Y	Y

PAY

को या उनके आदेश पर OR ORDER

रुपये RUPEES

अदा करें

₹	
---	--

च.सं. 20384625992

A/c No.

VALID UP TO ₹ 10 LACS AT NON-HOME BRANCH FOR NON-CASH TRANSACTION ONLY

SB ACCOUNT

29952648302

PREFIX

1515400046

Mrs. SHAIKH RUBINA

Please sign above




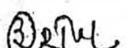
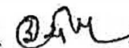



MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

271218 395002078 004342 31

Form ISR - 2

(SEBI circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2021/655 dated November 03,2021)

Confirmation of Signature of Securities Holder by the Banker

1. Bank Name and Branch	STATE BANK OF INDIA C 16695 - KOTHIPOOR TAPIL SPL. AME AR SURAT		
2. Bank contact details	0261-2356608		
Postal Address	G-2 TWIN TOWER, SAHARA DARWATA RING RD SURAT		
Mobile/Tel number	7600039644		
E-mail address	Sb. 16695@sbj.co.in.		
3. Bank Account number	20384625992 attach original cancelled cheque leaf		
4. Account opening date	27/04/2018		
5. Account holder's PAN	Account Holder's Name		
i) BPRPS 7829 Q	i) SHAIKH RUBINA ISMAIL		
ii)	ii)		
iii)	iii)		
iv)	iv)		
6. Latest photograph of the account holder(s)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 5px;">i)- Holder Photo</div> <div style="border: 1px solid black; padding: 5px;">  </div> <div style="border: 1px solid black; padding: 5px;">iii)- Holder Photo</div> <div style="border: 1px solid black; padding: 5px;">iv)- Holder Photo</div> </div>		
7. Account holder(s) details as per bank records			
a) Address	F-B. PADMAVATI SOC-1, LIMBAYAT, UDHNA SURAT- 394210. GUJARAT.		
b) Mobile/Tel number			
c) Email address			
d) Signature(s) of the Holder(s)	<div style="display: flex;"> <div style="flex: 1;"> <p>i) </p> <p>ii)   </p> <p>iii) </p> <p>iv) </p> </div> <div style="flex: 1; text-align: center;">  <p>Bank Manager's Signature and Bank Seal</p> </div> </div>		
-- (To be Mandatorily Filled by the Bank Official) --			
Place:	Name of the Bank Manager :		
Date:	Employee Code :		
Mobile / Tel no:	Email id :		

Not ok
Pawan-67

Bank manager name & Emp code Required

Form No. SH-13

Nomination Form

Pursuant to section 72 of the Companies Act, 2013 and rule
19(1) of the Companies (Share Capital and Debentures) Rules 2014]

Date: 10/01/2023.

To,

Name of the Company: SAMRAJ PHARMACHEM LIMITED

Address of the Company: _____

I/We, the holder(s) of the securities particulars of which are given hereunder, wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my/our death.

(1) PARTICULARS OF THE SECURITIES (In respect of which nomination is being made):

Nature of Securities Tick ✓ as relevant	Folio No.	No. of Securities*	Certificate No.	Distinctive No(s) (From - To)
✓ Equity / Debs/ Bonds	013335	200	00019483	01948201 To 01948400

(2) PARTICULARS OF NOMINEE/S — [Use photocopies of this blank nomination form in case of additional Multiple Nominations in the same folio.]

✓ Name of Nominee	SHAIKH MOHMED SOHIL ISMAIL			
Address of Nominee			Date of Birth	28-08-1975
✓ Father's/Mother's/ Spouse's name	ISMAIL I BRAHIM SHAIKH		Occupation	BUSINESS
Relationship with the security holder	SON		Nationality	INDIAN
✓ E-mail_id	SOHEL.SHAIKH8220@GMAIL.COM.		Mobile No	8780631066

(3) IN CASE NOMINEE IS A MINOR —

Name of Guardian		Date of Birth	{ - - }
Address of Guardian		Date of attaining majority	{ - - }

Signature(s) as per Specimen recorded with the Company.

First Holder	Joint Holder -1	Joint Holder -2	Joint Holder -3
Signature	①. ③274		
Name	RUBINA ISMAIL SHAIKH		

Witness Details:

✓ Name of Witness	NIRUNJ. SARVAIYA.	Signature	N.D.S.
Address of Witness	31 PRATYAK ROW HOUSE HONEY PARK ROAD, ADAJAN SURAT GUJARAT Pin 395009	Date	17/01/2023.

* Nomination will be registered for entire holding in the folio. In case of more than one nominee, the ratio should be furnished & separate form to be filled for each nominee.

Form ISK-4
(see circular No. SEBI/HO/MIRSD/MIRSD_RTAMB/P/CIR/2022/8 dated January 25, 2022 on Issuance of Securities in dematerialized form in case of Investor Service Requests)

(for Securities - Shares / Debentures / Bonds, etc., held in physical form)

Date: 10/01/2023,

A. Mandatory Documents / details required for processing all service request:

I / We are submitting the following documents / details and undertake to request the Depository Participant to dematerialize my / our securities within 120days from the date of issuance of Letter of Confirmation, received from the RTA/Issuer Company(tick ☒ as relevant, refer to the instructions):

- Demat Account No. (If available):**

Provide Client Master List (CML) of your Demat Account from the Depository Participant*

- Provide the following details, if they are not already available with the RTA (see SEBI circular dated November 03, 2021 in this regard)

PAN BPRPS7829Q	Specimen Signature
Nomination / Declaration to Opt-out	T. ②

* (Your address, e-mail address, mobile number and bank details shall be updated in your folio from the information available in your CML). You can authorize the RTA to update the above details for all your folios. In this regard, please refer to and use Form ISR-1 in SEBI circular dated November 03, 2021.

B. I / We request you for the following (tick ☒ relevant box)

<input checked="" type="checkbox"/> Issue of Duplicate certificate	<input type="checkbox"/> Claim from Unclaimed Suspense Account
<input type="checkbox"/> Replacement/ Renewal / Exchange of securities certificate	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Sub-division / Splitting of securities certificate	<input type="checkbox"/> Consolidation of Folios
<input type="checkbox"/> Consolidation of Securities certificate	<input checked="" type="checkbox"/> Transmission
<input type="checkbox"/> Transposition(<i>Mention the new order of holders here</i>)	

C. I / We are enclosing certificate(s) as detailed below:**

Name of the Issuer Company	SAMRAT PHARMACHEM LIMITED
Folio Number	013335
Name(s) of the security holder(s) as per the certificate(s)	1. ISMAIL IBRAHIM SHAIKH 2. RUBINA ISMAIL SHAIKH. 3.
Certificate numbers	00019483.
Distinctive numbers	01948301 To 01948400



SURAT MUNICIPAL CORPORATION
GOVT. OF GUJARAT
PUBLIC HEALTH DEPARTMENT

સુરત મહાનગરપાલિકા
ગુજરાત સરકાર
જાહેર આરોગ્ય વિભાગ

DEATH CERTIFICATE / મરણનું પ્રમાણપત્ર

IW89IX39UF

(Issued under Section 12/17 of the Registration of Birth and Death Act. 1969)

(જન્મ અને મરણ નોંધણી અધિનિયમ ૧૯૬૯ની કલમ ૧૨/૧૭ મુજબ)

Form No. - 6 / નમુનો ક્રમાંક ૬

0409211

10/2016-80,000

This is to certify that the following information has been reproduced from the original record of Death which is in the register for SURAT MUNICIPAL CORPORATION of tehsil city of South-EastZone of District Surat of State Gujarat

Name of Deceased : ISMAIL IBRAHIM SHAIKH

Father Name : IBRAHIM RASUL SHAIKH

Mother Name : MHERUNISHA

Gender : Male

Death Date : 08/02/2017

Place of Death : BLOCK NO-7,PLOT NO-1,ICHHABA SOCIETY,UDHNA,SURAT.

Registration No. : SEZ-2017-210

Date of Registration : 13/02/2017

Address : BLOCK NO-7,PLOT NO-1,ICHHABA SOCIETY,UDHNA,SURAT.

Remarks :

PK
Prepared By

Sub Registrar

Registrar



21

