



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

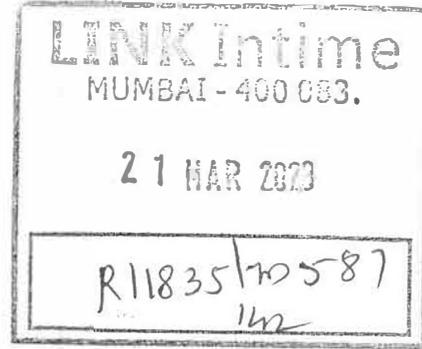
Kindly inward for stop mark for certificate NO.

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,
Linkintime 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. tray	Pawan-62
Signature Verification	1780
Signature Tally	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Scan log	Sergar
Dat. Entry	

077303

RECEIVED

25 JAN 2023

LINK INTIME INDIA PVT. LTD.

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 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	To		
	01948201	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 <small>Copies of PAN of all the Holder(s) duly self-attested with date to be enclosed with this Form.</small>	PAN	PAN Linked to Aadhaar -Y/N <small>Tick any one <input checked="" type="checkbox"/> *</small>
1.		Yes / No
2. RUBINA ISMAIL SHAIKH	BPRPS78298	<input checked="" type="checkbox"/> 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.	20384625992	Tick any one <input checked="" type="checkbox"/> - 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-I 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.

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	<p>Provide self attested copy of any ONE of the documents, issued by a Govt. Authority, only if there is change in the address;</p> <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 type="checkbox"/>	Nomination	<p>Submit Form(s) as per any ONE of the following options.</p> <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

रुबिना -
1923
27-3-23
mm



भारत सरकार
GOVERNMENT OF INDIA



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

7426 0194 7249

VID : 9125 6366 5421 997 8

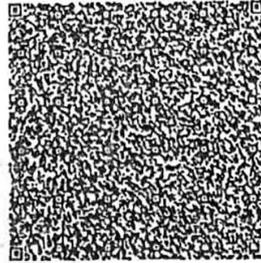
भारो आधार. भारी ओणप



भारतीय-विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

सरनाम :
S/O: रसुलमीया, 7-बी, पद्मावती सोसायटी, गली
नं-1, लिंबायत, सुरत सीटी, सुरत,
गुजरात - 394210

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



1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No. 1947,
Bansaluri, 390 001

3/1/14



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

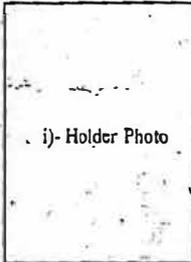
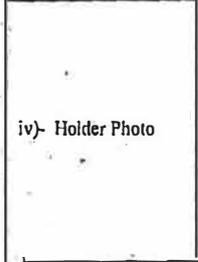
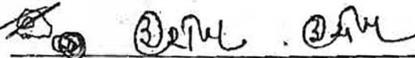
MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

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 C16695)- KOTHRNOOR TAPIL SPL. AMIAR SURAT	
2. Bank contact details		0261- 2356608	
Postal Address		Gr-2, TWIN TOWER, SAHARA DARWATA, RENE RD SURAT	
Mobile/Tel number		7600039644	
E-mail address		Sb.16695@sbj.co.in.	
3. Bank Account number		20384625992 <small>attach original cancelled cheque leaf</small>	
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)			
i)- Holder Photo		iii)- Holder Photo	
			
		iv)- Holder Photo	
			
7. Account holder(s) details as per bank records			
a) Address		F-B. PADMAVATI SOC-1, LIMBAYAT, VDHNA SURAT- 394210. GUJARAT.	
b) Mobile/Tel number			
c) Email address			
d). Signature(s) of the Holder(s).			
i) 		 Bank Manager's Signature and Bank Seal	
ii) 			
iii) 			
iv) 			
-- (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

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It is essential to ensure that all entries are supported by appropriate documentation.

3. The second part of the document outlines the procedures for handling discrepancies and errors.

4. It is crucial to identify the source of any errors and take corrective action promptly.

5. The third part of the document provides a detailed overview of the reporting requirements.

6. All reports must be submitted on a regular basis and in a clear, concise format.

7. The fourth part of the document discusses the role of internal controls in preventing fraud.

8. Implementing strong internal controls is vital for the integrity of the financial statements.

9. The fifth part of the document addresses the importance of transparency and communication.

10. Keeping stakeholders informed about the company's financial performance is a key responsibility.

11. The sixth part of the document concludes with a summary of the key points discussed.

12. It is hoped that this document will provide a comprehensive guide for all concerned parties.

13. The seventh part of the document provides a list of references and further reading materials.

14. These resources are intended to help readers gain a deeper understanding of the topics covered.

15. The eighth part of the document contains a glossary of key terms and definitions.

16. This glossary is designed to assist readers in understanding the terminology used throughout the document.

17. The ninth part of the document includes a list of appendices and supporting documents.

18. These appendices provide additional information and data related to the main text.

19. The tenth part of the document contains a list of contact information for the relevant departments.

20. This information is provided to facilitate communication and address any queries or concerns.

21. The eleventh part of the document includes a list of acknowledgments and thanks.

22. We would like to express our appreciation to all those who have supported and assisted us throughout the process.

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

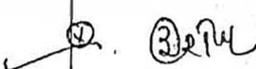
(2) PARTICULARS OF NOMINEE/S — [Use photocopies of this blank nomination form in case of additional Multiple Nominations in the same folio.]

✓ Name of Nominee	SHAIKH MOHMED SOHIL ISMAIL		
Address of Nominee		Date of Birth	18-08-1975
✓ 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	{ - - }

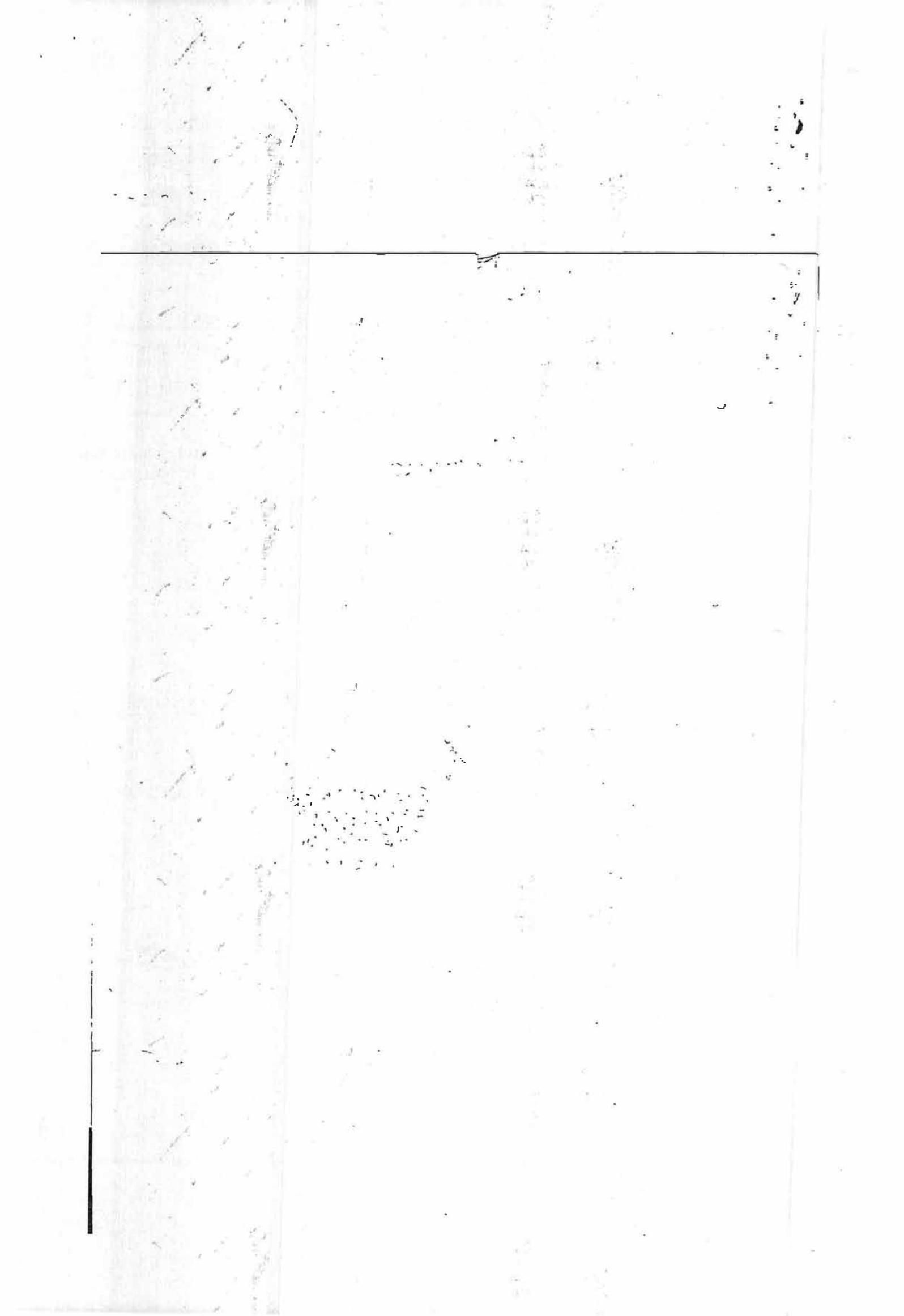
Signature(s) as per Specimen recorded with the Company.

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

Witness Details:

Name of Witness	NIIRUNJ. SARVAIYA.	Signature	N.D.S.
Address of Witness	31 PRATYAKA 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.





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

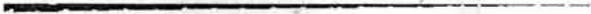
This is to certify that the following information has been reproduced from the original record of Death which is in the register for SURAT MUNICIPAL CORPORATION of tehsil city of South-EastZone of District Surat of State Gujarat

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



18

