

To The Manager-Listing Department **BSE** Limited Phiroze Jeejeebhoy Towers, Dalal Street, Mumbai – 400001.

Date: 21.10.2023

Scrip Code: 535667 Scrip Id: IFINSEC.

Sub: Certificate pursuant to Regulation 74(5) of SEBI (Depositories and Participants) Regulations, 2018 for the quarter ended 30.09.2023.

Dear Sir/Madam,

Pursuant to Regulation 74(5) of SEBI (Depositories and Participants) Regulations, 2018, please find enclosed herewith a certificate received from M/s. Skyline Financial Services Private Limited, our Registrar and Share Transfer Agent for the quarter ended 30.09.2023, confirming the compliances completed with respect to dematerialization of shares in terms of said regulation.

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This is for your kind information and record please.

Thanking You,

Yours Faithfully,

For India Finsec Limited

Varsha Bharti

CS & Compliance Officer

Place: New Delhi ENCL: As above.



## Skyline Financial Services Pvt. Ltd.

SEBI Registered Category-1 Registrars & Share Transfer Agent

Regd. & Corp. Office: D-153A, 1st Floor, Okhla Industrial Area, Phase-I, New Delhi - 110 020 Tel.: +91-11-40450193-97, 26812682-83 E-mail: info@skylinerta.com Website: www.skylinerta.com CIN No.: U74899DL1995PTC071324

Dated: October 19, 2023

Ref: SFSPL/RTA/ September/2023

To,
The Company Secretary
INDIA FINSEC LIMITED
D-16,1ST FLOOR,ABOVE ICICI BANK PRASHANT
VIHAR,SECTOR-14 ROHINI NEW DELHI 110085

Subject: Confirmation Certificate in the matter of Regulation 74(5) of Securities and Exchange Board of India (Depositories and Participants) Regulations, 2018.

Dear Sir,

In accordance with Regulation 74(5) of the SEBI (Depositories and Participants) Regulations, 2018 for the Quarter ended 30th September, 2023, w.r.t. No physical share certificates received for dematerialization of securities from the depository participant (Equity Shares) of the Company, "INDIA FINSEC LIMITED" CIN: L65923DL1994PLC060827.

This is for you information and records.

Thanking you,

For Skyline Financial Services Private Limited

Parveen Shacma
Authorised Signatory