



SAVANI FINANCIALS LIMITED

Regd. Off: 602, Samarth Vaibhav Co-op Hsg Society Ltd., Off Link Road,
Lokhandwala Complex, Andheri (W), Mumbai 400 053
E-MAIL: info@savanifinancials.co.in * Tel: 022-69454100
Website: savanifinancials.co.in * CIN No. L67120MH1983PLC031614
GSTN: 27AABCS5316H1ZG

Date: July 10, 2024

To,
BSE Limited
Corporate Relationship Department
P.J.Towers, 25th Floor,
Dalal Streets,
Mumbai- 400 001

Trading Symbol: **SAVFI**
Script Code No: **511577**

Dear Sir/Madam,

Subject: Information regarding loss of share certificates and issue of duplicate share certificates under Regulation 39(3) of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

Pursuant to Regulation 39(3) of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015 we hereby inform you that the following share certificate has been reported lost / misplaced by the shareholder and a request has been received for issue of Duplicate Share Certificate for the same-

Certificate No	Dist. No. From	Dist. No. To	Folio No.	Quantity	Name	JH 1
38858	3972801	3972900	0008367	100	RAJ KUMAR SINGH	
38859	3972901	3973000	0008367	100	RAJ KUMAR SINGH	

Please take the above information on record.

Thanking You,

For **SAVANI FINANCIALS LIMITED**

Praful Sheth
Company Secretary and Compliance Officer
Membership No. A6521

Place: Mumbai
Encl: As above

(-SEBI 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)
REQUEST FOR ISSUE OF DUPLICATE CERTIFICATE AND OTHER SERVICE REQUESTS
 [For Securities (Shares / Debentures / Bonds, etc.) held in physical form]

ISR - 4

Date : 11/05/2024

A. Mandatory Documents /details required for processing all service request:
 (Tick wherever applicable)

I / We are submitting the following documents / details and undertake to submit to the Depository Participant to dematerialize my / our securities within 120 days from the date of issuance, failing which the securities shall be credited to the Suspense Escrow Demat Account of the Company.

I / We, request you for the following (Please tick the relevant box for requested service type).

Attach all the supporting documents. [Refer Instructions Overleaf.]

<input checked="" type="checkbox"/> 1 Issue of Duplicate Certificate.	<input type="checkbox"/> 2 Claim from Unclaimed Suspense Account	<input type="checkbox"/> 3 Replacement /Renewal/ Exchange of Crtf
<input type="checkbox"/> 4 Endorsement	<input type="checkbox"/> 5 Sub-division / Splitting of securities certificate	<input type="checkbox"/> 6 Consolidation of Folios
<input type="checkbox"/> 7 Consolidation of Securities Certificate	<input type="checkbox"/> 8 Transposition (Mention New order of holders)	<input type="checkbox"/> 9

* Provide / Attach Original Securities Certificate(s) for request for item numbers 3 to 8 above

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

Name of the Issuer Company: <u>SAYANS PEARLS LIMITED</u>		Folio: <u>0008367</u>				
Face value of Securities held: <u>107F</u>		Number of Securities: Held / Claimed				
Certificate Nos.	Start- Certificate-Num	End- Certificate-Num	Distinctive Nos.	Start-Distinctive-Num	End-Distinctive-Num	No of Securities

Kindly attach separate sheet as per above block, for information pertain to additional certificate numbers, if any:

Contact details of the First Claimant: 697866

Mobile No. (+91) 986173181392 Tel. No. STD-| | | | | | | | | | | | | | | | | | | | | |

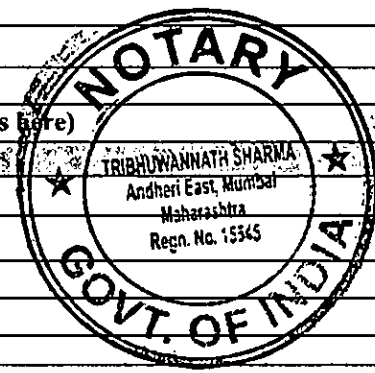
Email Address: RASSHESHERA@gmail.com

C. Name(s) of the Securities Holder(s):

Full Name as per Securities Certificate (ES PVT LTD)	Full Name in Capital	PAN
1. RECEIVED		
2. Subject to verification		
3.		
4. 09 JUL 2024		

In case of Transposition (mention the new order of the holders here)

To be Transposed in Favour of. (Mention Full Name in Capital)	PAN
1.	
2. Sign: _____	
3.	
4.	



Note * Provide self attested copies of PAN,

Demat Account ** NSDL | IN- _____] CDSL - [1201430000121547]

Provide latest Client Master List (CML) of your Demat Account, provided by the Depository Participant, if available.

Nomination Form-SH-13 I/We Do Not wish to make a Nomination. Use Form ISR-3 to Opt Out

Bank Account Details of the First-Holder/Claimant:

Bank Name: PUNJAB NATIONAL BANK

Account No: 318500210000040 11-digit IFSC: PUNB038500

A/c. Type () SB Current NRO NRE FCNR 9-digit MICR No: _____

Name of Bank Branch: AKURER ROAD KANDIVALE (EAST)

City: MUMBAI PIN: 400101

Please attach & tick First claimant's (Cancelled cheque with name printed OR Bank Statement/Passbook), duly attested by the Bank Manager.

Declaration: All the above facts and documents as enclosed are true and correct, and I/We authorise the RTA to update the same.

First Holder/Claimant	Joint Holder -1/Claimant	Joint Holder -2/Claimant	Joint Holder -3/Claimant
<input checked="" type="checkbox"/> <u>RASHKAR SHARMA</u>	_____	_____	_____