

April 12, 2023

The Manager  
The Listing Department  
Bombay Stock Exchange Limited  
Phiroze Jeejeebhoy Towers  
Dalal Street  
**Mumbai 400 001**

The Manager  
The Listing Department  
National Stock Exchange Limited  
Exchange Plaza, 5<sup>th</sup> Floor  
Plot No. C/1, G Block  
Bandra-Kurla Complex, Bandra (E),  
**Mumbai 400 051**

**NSE Symbol: IVC**  
**BSE Scrip Code: 511208**  
**ISIN : INE050B01023**

Re : **Loss of Share Certificate(s)**

Dear Sirs :

Pursuant to Regulation 39(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015, we wish to submit the information pertaining to Stop Transfer (reason - loss of share certificates) which has been noted in our Registrars and Share Transfer Agent (RTA) database as per an e-mail intimation dated April 12, 2023 received from the RTA. A copy of the e-mail and other papers as received from RTA are enclosed herewith for your reference

Kindly acknowledge receipt of the same

Thanking you,

Yours sincerely,

**Sanjay Mitra**  
**Company Secretary**

Encl : As above

408192

Mrs Paragi P Parikh  
C/o Mrs Manisha Shah  
1 Bhagwan Mansion  
Behind Metro Cinema  
Mumbai 400020  
Date: 04/04/2023

To,

Link Intime  
UNIT IL & FS Investment Manager Ltd

Sub: - Duplicate Shares and Transmission  
FOLIO 0066366

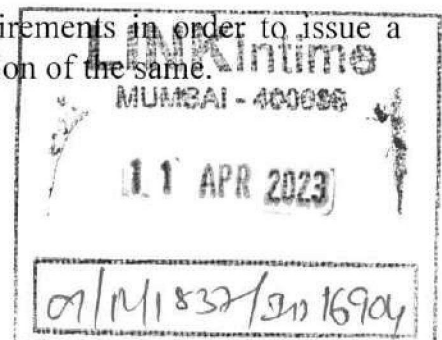
Sir/Madam,

I, Paragi Pragnesh Parikh, having permanent address at 7860, Valley View St. Apt. 102, Buena Park, CA 90620, USA and also at Flat No. 404, Kings Apartment, Beach Kings Apartment CHSL, Juhu Tara Road, Juhu, Mumbai - 400049 and presently residing at 1, Bhagwan Mansion, Behind Metro Cinema, Mumbai - 400020 would like to-state as under: -

1. I say that my husband Mr. Pragnesh Hasmukh Parikh, died at California, USA on 08.05.2018, leaving behind myself, as his wife/widow.
2. I say that I am one of the Legal heirs and next-of-kin of Late Hasmukh Parikh, who died at Mumbai on 04.07.2005.
3. My husband Late Mr Pragnesh H Parikh is holding jointly with my Father in law Late Mr Hasmukh Parikh shares of IL & FS Investment Manager Ltd Folio No. 0066366
4. As both the holders of the above shares have expired kindly transfer the shares in my name i.e. Mrs Paragi H Parikh as I am the legal heir
5. The above share certificates are misplaced kindly issue the share certificate to me.
- 6 The death certificates of Late Mr Hasmukh Parikh and Late Mr Pragnesh Parikh are enclosed herewith.

Please let me know what are the requirements in order to issue a duplicate share certificate and transmission of the same.

Truly Yours  
*Paragi P. Parikh*  
Paragi Pragnesh Parikh  
(M) 9969033932



RECEIVED

08 APR 2003

LINK INTIME INDIA PVT. LTD.

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

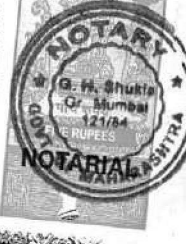
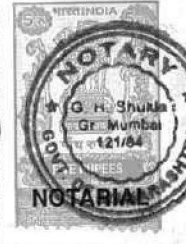
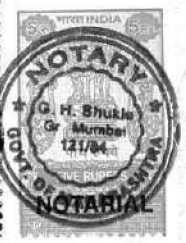
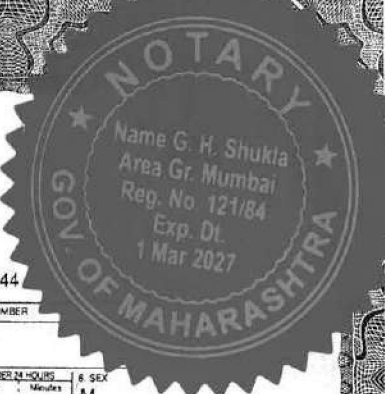
**CITY OF LONG BEACH**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

LONG BEACH, CALIFORNIA

**CERTIFICATE OF DEATH**

3201862001244

STATE FILE NUMBER 1. NUMBER OF DECEDENT - FIRST (Given) <b>PRAGNESH</b>		2. MIDDLE <b>HASMUKH</b>		3. LAST (Family) <b>PARIKH</b>		LOCAL REGISTRATION NUMBER	
4. DATE OF BIRTH mm/dd/yyyy <b>01/09/1961</b>				5. AGE Yrs. <b>57</b>	IF UNDER ONE YEAR Months Days	IF UNDER 24 HOURS Hours Minutes	6. SEX <b>M</b>
9. BIRTH STATE/FOREIGN COUNTRY <b>INDIA</b>	10. SOCIAL SECURITY NUMBER <b>132-82-6259</b>	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS/SROP (at Time of Death) <b>MARRIED</b>	7. DATE OF DEATH mm/dd/yyyy <b>05/08/2018</b>	8. HOUR (24 hours) <b>1750</b>		
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>	14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>ASIAN INDIAN</b>					
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>FINANCIAL ANALYST</b>			18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>REAL ESTATE</b>			19. YEARS IN OCCUPATION <b>8</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>7860 VALLEY VIEW STREET C102</b>							
21. CITY <b>BUENA PARK</b>		22. COUNTY/PROVINCE <b>ORANGE</b>		23. ZIP CODE <b>90620</b>	24. YEARS IN COUNTY <b>20</b>	25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>PARAGI PARIKH, WIFE</b>				27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state, and zip) <b>7860 VALLEY VIEW STREET C102, BUENA PARK, CA 90620</b>			
28. NAME OF SURVIVING SPOUSE/SROP - FIRST <b>PARAGI</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>SHAH</b>			
31. NAME OF FATHER/PARENT - FIRST <b>HASMUKH</b>		32. MIDDLE <b>DOLCHAND</b>		33. LAST <b>PARIKH</b>		34. BIRTH STATE <b>INDIA</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>VEENA</b>		36. MIDDLE <b>HASMUKH</b>		37. LAST (BIRTH NAME) <b>SANGHVI</b>		38. BIRTH STATE <b>INDIA</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>05/15/2018</b>		40. PLACE OF FINAL DISPOSITION <b>AT SEA OFF THE COAST OF ORANGE COUNTY</b>					
41. TYPE OF DISPOSITION <b>CR/SEA</b>		42. SIGNATURE OF EMBALMER <b>CRISTAL ESQUIVEL</b>		43. LICENSE NUMBER <b>EMB9325</b>			
44. NAME OF FUNERAL ESTABLISHMENT <b>MEMORY GARDEN MEMORIAL PARK &amp; MORTUARY</b>		45. LICENSE NUMBER <b>FD1349</b>	46. SIGNATURE OF LOCAL REGISTRAR <b>ANISSA DAVIS, MD, MPH</b>				
101. PLACE OF DEATH <b>LONG BEACH MEMORIAL MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA <input type="checkbox"/> Hospice	103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other				
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>2801 ATLANTIC AVE</b>			106. CITY <b>LONG BEACH</b>		
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) → IN METASTATIC COLON CANCER</b>		Time Interval Between Onset and Death (A) YRS	108. EXAM-REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(B) 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(C) 110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(D) 111. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NO</b>							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>						113A. IF FEMALE, PREGNANT (PLAST) (Year) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since: (A) mm/dd/yyyy (B) mm/dd/yyyy <b>08/01/2015 05/08/2018</b>		115. SIGNATURE AND TITLE OF CERTIFIER <b>MILAN ROHIT SHETH M.D.</b>		116. LICENSE NUMBER <b>A89548</b>		117. DATE mm/dd/yyyy <b>05/15/2018</b>	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>MILAN ROHIT SHETH M.D.</b>		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					
120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy		122. HOUR (24 hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)							
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)							
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)							
126. SIGNATURE OF CORONER / DEPUTY CORONER				127. DATE mm/dd/yyyy		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A	B	C	D	E	F



CERTIFIED COPY OF VITAL RECORD  
 STATE OF CALIFORNIA, CITY OF LONG BEACH



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Vital Records Section, Long Beach Department of Health and Human Services.

DATE ISSUED **APR 29 2023** **ANISSA DAVIS, MD, MPH**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**G. H. SHUKLA,**  
 NOTARY GREATER MUMBAI  
 Jagdamba Bhavan, Ground Floor  
 Ganpatrao Kadam Marg, Lower Park  
 MUMBAI 400 0

**5 APR 2023**

CALONGBE01



महाराष्ट्र शासन  
GOVERNMENT OF MAHARASHTRA  
अरोग्य विभाग  
HEALTH DEPARTMENT  
बृहन्मुंबई महानगरपालिका



Brihanmumbai Municipal Corporation

मृत्यु प्रमाणपत्र

DEATH CERTIFICATE

(जन्म व मृत्यु नोंदणी अधिनियम, १९६९ मधील कलम १२ १७ आणि महाराष्ट्र जन्म आणि मृत्यु नोंदणी नियम, २०००चे नियम ८ १३ अन्वये देण्यात आले आहे.)

(Issued under section 12/17 of the Registration of Births & Deaths Act, 1969 and Rule 8/13 of the Maharashtra Registration of Births and Deaths Rules, 2000.)

प्रमाणित करण्यात येत आहे की खालील माहिती मृत्युच्या मूळ अभिलेखाच्या नोंदवहीतून घेण्यात आली आहे.  
बृहन्मुंबई महानगरपालिका, तालुका Ward KW जिल्हा मुंबई महाराष्ट्र राज्याच्या नोंदवहीत उल्लेख आहे

This is to certify that the following information has been taken from the original record of death which is the register for Brihanmumbai Municipal Corporation of Ward KW of District Mumbai of Maharashtra State.

मृताचे पूर्ण नाव  
Full Name of Deceased : HASMUKH D. PARIKH

लिंग /  
Sex : Male

मृत्यु दिनांक /  
Date of Death : 04.07.2005

मृत्युचे ठिकाण /  
Place of Death : Mumbai

आईचे पूर्ण नाव /  
Name of Mother : Not Available.

वडिलांचे/ पतीचे पूर्ण नाव /  
Name of Father/ Husband : DOLCHAND PARIKH

मयत व्यक्तीचा मृत्यूसमयीचा पत्ता /  
Address of deceased at the time of death:  
Not Available.

मयत व्यक्तीचा कायमचा पत्ता /  
Permanant Address of deceased :  
404 KING'S APT.,  
JUHU,  
MUMBAI,  
India.

नोंदणी क्रमांक /  
Registration No. : KW1945

नोंदणी दिनांक /  
Date of Registration : 05.07.2005

शेरा /  
Remarks (if any) :

ISSUING AUTHORITY

प्रमाणपत्र दिल्याचा दिनांक /  
Date of Issue : 03.04.2023

उप-रजिस्ट्रार (जन्म व मृत्यु)  
SUB-REGISTRAR (BIRTH&DEATH)

प्रत्येक जन्म आणि मृत्युची घटना नोंदवह्याची खात्री करा

"Ensure registration of every birth & death"

## IL&FS Investment Managers Limited

Regd. Office : The IL&FS Financial Centre, Plot No. C-22, G Block, Bandra Kurla Complex, Bandra (E), Mumbai 400 051  
CIN : L65999MH1986PLC147981

**DIVIDEND  
2016-2017**

Date : September 8, 2017

**0066366/7431/Final 2016-2017  
PRAGNESH H PARIKH**

**ROOM NO 523  
5TH FLOOR BSE  
TOWER BLDG DALAL ST  
BOMBAY  
MUMBAI 400023**

08

FOLIO NO. / DP ID / CLIENT ID NO.	NO. OF SHARES	WARRANT NO.	DIVIDEND AMOUNT (₹)
<b>0066366</b>	<b>8437</b>	<b>7431</b>	<b>3062.20</b>

PTO

*Pragnesh P. Parikh*



भारत सरकार



भारतीय विशिष्ट ओळख प्राधिकरण  
भारत सरकार  
Unique Identification Authority of India  
Government of India

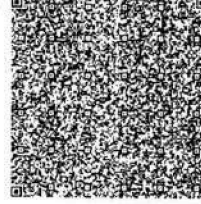
नोंदविण्याचा क्रमांक / Enrollment No.: 2006/66160/00742

To,  
परगी प्रगणेश पारीख  
Paragi Pragnesh Parikh  
404 Kings Apartment  
Juhu Tara Road  
Tulip Star Hotel Juhu Mumbai  
Juhu Andheri Mumbai Suburban  
Maharashtra 400049  
9969033932

Ref: 668 / 23M / 51278 / 51308 / P



SB856917807FH



आपला आधार क्रमांक / Your Aadhaar No. :

**9918 4264 7608**

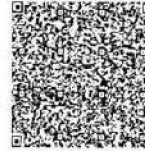
माझे आधार, माझी ओळख



भारत सरकार

Government of India

परगी प्रगणेश पारीख  
Paragi Pragnesh Parikh  
जन्म तारीख / DOB : 23/07/1966  
स्त्री / Female



**9918 4264 7608**

माझे आधार, माझी ओळख

Paragi P. Parikh

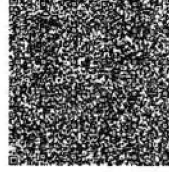
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
EXBPP5467C



नाम / Name  
PARAGI PRAGNESH PARIKH

पिता का नाम / Father's Name  
SUBHASH DALSUKH SHAH

21122018

जन्म की तारीख /  
Date of Birth  
23/07/1966

*Paragi P. Parikh*  
हस्ताक्षर / Signature

*Paragi P. Parikh*

OK  
8-9-23  
29/8  
mm





Stop Transfer Intimation under Regulation 39(3) of SEBI LODR (2015) instamisreports to Ankita.Bhagat, Mona.Abhani 12-04-2023 04:01  
Cc saili.lad, sharmila.amin

#### 1 Attachment



ID16904.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 : IL&FS Investment Managers Limited

Stop Transfer Date	Folio No	Name	Certificate No.	Distinctive No.	No. of Shares	Reason
11 Apr 2023	0066366	PRAGNESH H PARIKH	28330	212037632 - 212040443	2812	Lost By Holder
11 Apr 2023	0066366	PRAGNESH H PARIKH	28330	212037632 - 212040443	2812	TRANSMISSION PROCEDURE FORWARDED
11 Apr 2023	0066366	PRAGNESH H PARIKH	8177	8531441 - 8537065	5625	Lost By Holder
11 Apr 2023	0066366	PRAGNESH H PARIKH	8177	8531441 - 8537065	5625	TRANSMISSION PROCEDURE FORWARDED

Regards

Link Intime India Pvt Ltd.

This is an auto generated report.