



ShaliBhadra

FINANCE LIMITED

CIN : L65923MH1992PLC064886

Corporate Office :

3, Kamat Industrial Estate,

396, Veer Savarkar Marg,

Opp. Siddhi Vinayak Temple,

Next to Chintamani Jewellers,

Prabhadevi, Mumbai - 400 025.

Phone : 022-2432 2993 / 022-2432 2994

022-2422 4575 / 022-2432 3005

E-mail : shalibhadra_mum@yahoo.co.in

To
BSE Limited
Corporate Relationship Department
25th Floor, P J Towers
Dalal Street, Fort,
Mumbai – 400 001

Dear Sir/Madam,

Date: 11.01.2024.

BSE Scrip Code: 511754

Unit: SHALIBHADRA FINANCE LIMITED.

Sub: Intimation under Regulation 39(3) - Loss of original Share Certificate(s)

Pursuant to Regulation 39(3) of the SEBI Listing Obligations and Disclosure Requirements) Regulations, 2015, we bring to your kind notice that the following shareholder(s) have reported to the RTA of the Company about loss of their share certificates.

The particulars relating to loss of share certificate(s) are given below:

| Stop Transfer Date | Folio No | Name | Certificate No. | Distinctive No. | No. of Shares | Reason |
|--------------------|----------|----------------|-----------------|----------------------|---------------|----------------|
| 09 Jan 2024 | 0012670 | SAKHARAM SATHE | 33280 | 2077901 - 2078000 | 100 | Lost By Holder |

In this regard, Link Intime India Pvt. Ltd., the RTA of the Company has verified the documents. This intimation is given as per Regulation 39(3) of the said Regulations.

Thanking You

Yours Sincerely,

For Shalibhadra Finance Limited

Minesh M. Doshi
Managing Director
Din: 01032705

Shri. S. K. Kulkarni
Sector-10 Kalamali
Mumbai - 400018
01/12/2023

400334

100
NO

To
The Manager
Link Intime Ltd.

Sub: Change of Address & duplicate share certificate. / MC
: company Shalibhadra Finance Ltd folio - 12670

Dear Sir,

Due to shifting of job and other family matter,
I have changed my address.

Old address (I was staying with my brother in quarters but he is retired and we don't have proof for old address)
Sukharam Sathre

* Dividend warrant

Trupti 8A/1
J.J. Hospital Campus
Byculla Mumbai 400008.

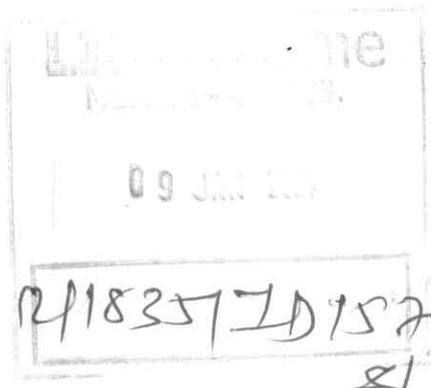
New address:

* Adhar Card,
Light, bill

Mr. Sukharam Sathre
E-6 1:1 Rajkamal CHS
Sector-10 Kalamali
Tal - Panvel Dist - Raigad.

Sir, I was holding shares of Shalibhadra Finance Ltd.
with folio No. 0012670. Due to shifting or any other
reason, I lost physical share certificate. please
give me duplicate share certificate.

Thanking You
Sathre
Sukharam Sathre.



~~100~~

RECEIVED
08 JAN 2024
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 : 15 / 12 / 23

| | | |
|--|--|--|
| <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 | Shalibhadra Finance Ltd | Folio No(s) | 0012670 |
| Face value of Securities | 10 | Number of Securities | 100 |
| Distinctive number of Securities (Optional) | From | To | |
| E-mail Address | Sakharam.Sathe67@gmail.com | | |
| Mobile Number | 8779036809 | | |

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. Sakharam Appa Sathe | ADUCPS6381C | <input checked="" type="checkbox"/> Yes / <input checked="" type="checkbox"/> No |
| 2. | | 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 | SBI, Kamathe | IFSC | SBIN0002271 |
| Bank A/c No. | 10573595535 | Tick any one [<input checked="" type="checkbox"/>] - Acct type <input 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 [1204470000276036] |
|----------------------|-------------------------------------|

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 | Sakharam Appa Sathe | | | |
| Address | Eb, 1:1, Ruskamal CHS sector - 10 Kalamboli | | | |
| PIN | 410218 | | | |

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 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 | | 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 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 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 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 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 | | Nomination | <p>Submit Form(s) as per any ONE of the following options.</p> <ul style="list-style-type: none"> <input type="checkbox"/> SH-13 For First Time Nomination <input type="checkbox"/> SH-14 For Cancellation or Variation in Nomination <input type="checkbox"/> SH-14 and ISR-3 For Cancellation of 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..