

October 9, 2020

BSE Limited
P.J. Towers,
Dalal Street, Fort
Mumbai - 400 001The National Stock Exchange
of India Ltd
Exchange Plaza, C-1,
Block – G,
Bandra Kurla Complex
Bandra (East)
Mumbai - 400 051The Calcutta Stock Exchange
Limited
7, Lyons Range
Kolkata - 700 001**Sub: Intimation under Regulation 39(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015**

Dear Sirs,

We write to inform you that our Registrar & Transfer Agent (RTA) M/s Maheshwari Datamatics Private Ltd. has received request and required formalities from following shareholders for issue of duplicate share certificates in respect of below mentioned shares. We are in process of issuing Duplicate Share Certificate (s) after compliance of the required formalities.


Sl. No.	Name of the Shareholder	Folio No.	Certificate No.	Distinctive No.	No. of Shares
1.	Zaibunnisa Mansur J/H Mr Aiyooob Bhai Mansuri	M488391	23562	11565539-11565638	100

You are requested to caution your members not to deal in or make any transaction with reference to these shares.

This is for your information and necessary action please.

Thanking you,

Very truly yours,
EVEREADY INDUSTRIES INDIA LTD.


(T. PUNWANI)
VICE PRESIDENT – LEGAL
& COMPANY SECRETARY

MAHESHWARI DATAMATICS PVT. LTD.
Received
Contents Not Verified
- 7 OCT 2020
Kolkata

MAIL SCAN DONE

E11L/DUP/IMN/22658

243528, 5809
033 - 2248 2248

DT 09/10/20

TO, MATHEMATICS DATA MATICS

NAME : SHAGUFTA MANSURI

PVT LTD

NEW ADD : C/O ABDULLAH U MOTIWALA

23, R.N. MURTHIJI ROAD
SRI FUL, KOKKATA (W) B.

14TH FLR, 1402 HAYAT PALACE CHS LTD,

400001

41, DR. ANANDRAO NAIR RD, AGRIPADA

mdpldc@yahoo.com
info@mdpl.in

OPP. NAIR HOSPITAL MUMBAI-400008.

SUB : COA, LOSS OF SHARE - DUP CUM TRANSMISSION PRO REQUIRE

UNIT : EVE READY INDUSTRIES LTD

MF NOS.

M 488371

✓ ENCL: ATT D/C OF MY MOTHER LATE : ZAIBUNNISA MANSURI WHO DIED ON DT. 25.07.2006

✓ ENCL : ATT D/C OF MY FATHER LATE : AIYOBBHAI MANSURI WHO DIED ON DT. 14.11.1996

✓ AS A LEGAL HEIR I AM THE DAUGHTER, STAYING AT USA ENCL: COPY OF MY PANCARD

✓ ENCL : NO OBJECTION ON ADHAR FROM MR. ABDULLAH (MY COUSIN) FOR CHANGE OF ADDRESS & FUTURE CORRESPONDANCE AT ABOVE NEW ADDRESS

✓ WE HAVE LOST ENTIRE SHARES FOR ABOVE MFNOS,

✓ KINDLY DO THE NEEDFUL & GIVE THE STATUS OF ENTIRE HOLDING & SEND THE PROCEDURE OF DUPLICATE CUM TRANSMISSION AT ABOVE ADDRESS

THANKING YOU

shagufta.mansuri@yahoo.com

abdullahumerm99@gmail.com

YOURS FAITH FULLY

MR. ABDULLAH 9920083063

Shagufta Mansuri

DATE
05/10/2020

NAME ABDULLAH UMER MOTI WALA
NEW ADD MTH FLR 1402 HAYAT
PALACE CHS CO 41, DR. ANANDRAO
NAIR ROAD OPP NAIR HOSP
AGARPADA MUMBAI 400008



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

SUB: NO OBJECTION FOR COA
UNIT: EVEREADY AND CO
MNO: M 4883 P2

नामांकन क्रम / Enrollment No.: 1088/71586/47462

To,
अब्दुल्लाह उमर मोतीवाला
Abdullah Umer Motiwala
S/O Umer Motiwala
14th Floor, 1402, Hayat Palace Co Op Housing Soc.
41 Dr. Anandrao Nair Road
Opp Nair Hospital Agripada
Mumbai
Mumbai Central Mumbai Mumbai
Maharashtra 400008
9920083063

Ref: 5/11V/587/672/P



SB455278228FH



आपका आधार क्रमांक / Your Aadhaar No. :

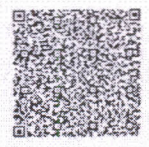
5035 9479 2355
मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



अब्दुल्लाह उमर मोतीवाला
Abdullah Umer Motiwala
जन्म तिथि / DOB : 22/12/1988
पुरुष / Male



5035 9479 2355

मेरा आधार, मेरी पहचान

Please note that
MS.
IS STAYING AT U.S.A
She is my cousin
I donot hav any objection
to send the all future
correspondance at above
Address

Thanking you
Yr friend

Abdullah Umer

ABDULLAH UMER MOTI WALA
9920083063

REG-18
AS of 03

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES
CERTIFICATE OF DEATH

STATE FILE NUMBER

Name of Decedent as Known to Physician
ZAIBUNNISA MANSURI

Place of Accident

Cross Class

Received for Link Only

Record Contains Amendment

1a. Legal Name of Decedent (First, Middle, Last)
ZAIBUNNISA MANSURI

1b. Also Known As (AKA), if Any (First, Middle, Last)
None

2. Sex F **3. Social Security Number** F 142-03-7397

4a. Age-Last Birthday 64 **4b. Under 1 Year** **4c. Under 1 Day** **5. Date of Birth (Mo/Day/Yr)** JUNE 15, 1942 **6. Birthplace (City & State/Foreign Country)** INDIA

7a. Residence-State NJ **7b. County** MIDDLESEX **7c. Municipality/City** EDISON

7d. Street and Number 409 CINDER ROAD **7e. Apt. No.** **7f. Zip Code** 08820 **7g. Inside City Limits?** Yes No

8a. Ever in US Armed Forces? Yes No Unknown **8. Marital Status at Time of Death**
Never Married Divorced
Married Widowed
Married but Separated Unknown **10. Surviving Spouse Name** (Last, first, middle)

c. War Service Dates (From-To): **11. Father's Name (First, Middle, Last)** ABRAHAM MANSURI **12. Mother's Name (First, Middle, Last)** HAWA MANSURI

13a. Name of Informant SALIM MANSURI **13b. Relationship to Decedent** SON IN LAW

13c. Mailing Address (Street and Number, City, State, Zip Code) 235 CORNWALL ST. EDISON, N.J. 08820

14. Method of Disposition
Burial Donation
Cremation Entombment
Returned from State Other (Specify):

15. Place of Disposition (Name of cemetery, crematory, other place) ROSEHILL CEMETERY **16. Location, City, Town and State** LINDEN, N.J.

17. Name and Complete Address of Funeral Facility SOUTH PLAINFIELD FUNERAL HOME 2456 PLAINFIELD AVE. SOUTH PLAINFIELD, N.J. **18. NJ License Number** 48543

20. Decedent Education
Highest degree or level of school completed at time of death:
Grade 8 or less
Grade 9-12, no diploma
High school graduate or GED
Some college credit, no degree
Associate degree (AS, AS)
Bachelor's degree (BA, AB, BS)
Master's degree (MA, MS, MEd, MDiv)
Doctorate (PhD, EdD) or Professional degree (MD, DDS, JD)

21. Decedent of Hispanic Origin? Check one or more boxes that best describe if decedent is Spanish/Hispanic/Latino. Check "No" box if decedent is not Spanish/Hispanic/Latino.
No, Not Spanish/Hispanic/Latino
Yes, Mexican, Mexican American, Chicano
Yes, Puerto Rican
Yes, Cuban
Yes, Other Spanish/Hispanic/Latino (Specify): INDIAN

22. Decedent Race - Check one or more boxes to indicate what race the decedent considered himself/herself to be:
White
Black or African American
American Indian or Alaska Native (Enumerate or principal tribe)
Asian Indian Filipino Korean
Chinese Japanese Vietnamese
Other Asian (Specify):
Native Hawaiian Guamanian or Chamorro
Samoan
Other Pacific Islander (Specify):
Other (Specify): INDIAN

23. Occupation of Decedent (Type of work done most of life, even if retired) HOMEMAKER **24. Kind of Business/Industry**

25. Name and Address of Last Employer

26. Date Pronounced Dead (Mo/Day/Yr) 7-25-06 **27. Time Pronounced Dead** 12:05 AM PM

28. Signature of Person Pronouncing Death (if other than Certifier) **29. License Number** **30. Date Signed (Mo/Day/Yr)**

31. Date of Death (Mo/Day/Yr) 7-25-06 **32. Time of Death** 11:25 AM PM **33. Was Medical Examiner Contacted?** Yes No

34. PLACE OF DEATH (Check only one)
If Death Occurs in a Hospital:
Inpatient Emergency Room or Outpatient
If Death Occurred Somewhere Other Than a Hospital:
Hospice Facility Nursing Home/Long Term Care Facility
Decedent's Home Other (Specify):

35a. Facility Name (if not institution, give street and number) ST. MEDICAL CENTER **35b. Municipality** EDISON **35c. County** MIDDLESEX

CAUSE OF DEATH
36. PART I - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.
Immediate Cause - Enter chain of events (diseases, injuries, or complications) DO NOT abbreviate! Enter only one cause per line. Add additional lines if necessary.
a. Cardiac pulmonary Arrest
b. Due to (or as a consequence of) Syncope w/ Fibrillation
c. Due to (or as a consequence of) MI w/ UTM
d. Due to (or as a consequence of)

37. Was an Autopsy Performed? Yes No **38. Were Autopsy Findings available to Complete Cause of Death?** Yes No

39. Date of Injury (Mo/Day/Yr) **40. Time of Injury** AM PM **41. Place of Injury (e.g., home, construction site, restaurant)** **42. Injury at Work?** Yes No

43a. Location of Injury (Number and Street, Zip Code) **43b. Municipality** **43c. County** **43d. State**

44. Describe How Injury Occurred **45. If Transportation Injury:**
Driver/Operator Passenger
Pedestrian Other (Specify):

46. Manner of Death
Natural Pending Investigation
Accident Suicide Could not be determined
Homicide Unknown

47. Did Decedent Have Diabetes? Yes No Unknown **48. Did Tobacco Use Contribute to Death?** Yes Probably No Unknown

49. If Female:
Not pregnant within past year
Pregnant at time of death
Not pregnant, but pregnant within 42 days of death
Not pregnant, but pregnant 43 days to 1 year before death
Unknown if pregnant within the past year

60. Certifier (Check only one):
Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
Pronouncing and Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
Medical Examiner - On the basis of examination/investigation in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

61. Name, Address and Zip Code of Certifier K. S. Singh, 1830 Vankar Rd, Edison, NJ 08820 **62. Signature of Certifier** K. S. Singh **63. License Number** 12126 **64. Date Certified** 7/25/06

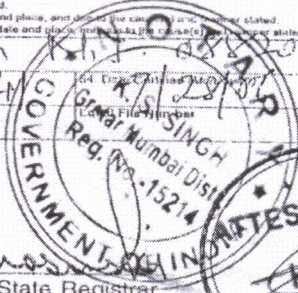
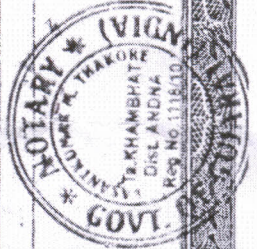
65. Signature of Local Registrar **66. District No.** 122 **67. Date Received** 7/28/06

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY MEDICAL CERTIFIER

TRUE COPY

Yasankumar M. Thakore
YASANKUMAR M. THAKORE
NOTARY



This is to certify that the information correctly copied from a record on file in the office of the State Registrar, New Jersey, is as follows:
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komoroski
Joseph A. Komoroski, State Registrar
Bureau of Vital Statistics

REG-42B
JULY 04

19 SEP 2006



भारत सरकार
GOVERNMENT OF INDIA


शकुफ़्ता मंसुरी
Shagufta Mansuri
 व-न तिथि / DOB : 28/05/1968
 महिला / FEMALE
 Mobile No. 9828245130



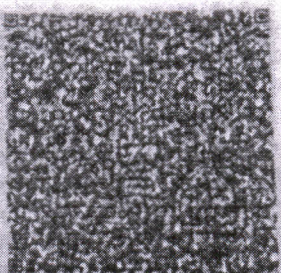
5468 9460 4660

मेरा आधार, मेरी पहचान


भारतीय अद्वितीय पहचान प्राधिकरण
Unique Identification Authority of India

पता:
 अलीम-उल-मुहम्मद सलीम मंसुरी, 645 ए, गिरगाँव रोड, धोबी तलाव,
 मुंबई, महाराष्ट्र, 400002

Address:
 W/O. Mohammed Salim Mansuri, 645 A,
 Girgaum Road, Dhobhi Talao, Mumbai,
 Mumbai,
 Maharashtra - 400002



5468 9460 4660

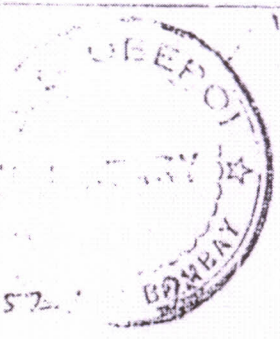
आयकर विभाग  **भारत सरकार**
INCOME TAX DEPARTMENT **GOVT. OF INDIA**

SHAGUFTA MANSURI
AIYOORBHAI MANSURI
28/05/1968
 Permanent Account Number
APEPM1175M


 Signature



Shagufta Mansuri



No 117192

1624 22-3,000 Bk. of 200 Lvs.

पुणे नगरपालिका
MUNICIPAL CORPORATION OF GREATER BOMBAY
जनसंख्या विभाग
PUBLIC HEALTH DEPARTMENT
बॉम्बे, १९. FORAL १९१३

PH-52

(See Rule 4 of the Maharashtra Registration of Births & Deaths Rules, 1976).

पुणे नगरपालिका प्रमाणित
CERTIFICATE OF DEATH

१९९६ चा जन्म-मृत्यू नोंदी कायद्याच्या कलम १२/१७ च्या अन्वये
Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969.

म्हणजे खालील देण्यात येतो आहे, त्याची नोंद केलेली मॉडेली बृहन्मण्डळ महानगरपालिका येथील आहे.

This is to certify that the following information has been taken from the original record of death, which is in the register for C ward of Municipal Corporation of Greater Bombay.

नाम HYUBBHAI GULAMHADI MANSURI

राष्ट्रीयत्व Indian लिंग Male

Nationality Gus A. Girgaon taluka in Thobi Talao Bom. 400034

जन्मचा वास्तव्याचा पत्ता 09/14 Nov 1996 नॉदणी पुस्तक क्र. 1456

Permanent Address At Home

मृत्यू दिनांक 14-11-96 नॉदणी क्र. 1456

Date of Death At Home

Date of Registration Gulamhadi Mansuri

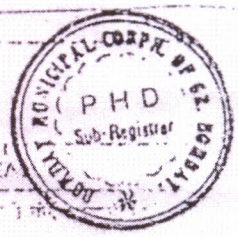
जेथे मृत्यू झाला ते ठिकाण Gulamhadi Mansuri

Place of Death Gulamhadi Mansuri

वधिल/आई/नवरा यांचे नाव

Name of Father/Mother/Husband

पुणे नगरपालिका अधिकारी यांनी मृत्यू नोंदी पुस्तकात नोंदवलेल्या मृत्यूचा तपशील मॉडेली बृहन्मण्डळ महानगरपालिका येथील आहे.

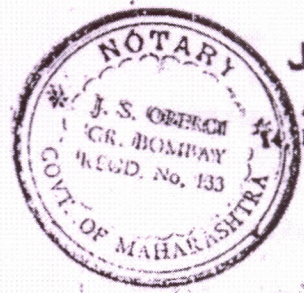


D. N. B. Sheth
M.B.B.S.
MEDICAL OFFICER OF HEALTH &
SUB-REGISTRAR C WARD,
MUNICIPAL CORPN. OF GR BOMBAY

CERTIFIED TRUE COPY
ATTESTED BY ME

CERTIFIED TRUE COPY.

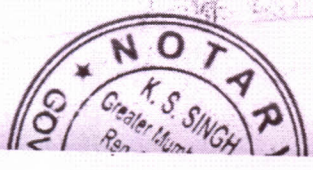
ATTESTED BY ME
J. S. OBEROI
J. S. OBEROI
B.A.L.L.B.
Advocate and Notary,
14, Popatwadi, Kolbadevi Rd.
Bombay-400 002.



J. S. OBEROI
B.A.L.L.B.
Advocate and Notary,
Popatwadi, Kolbadevi Rd.
Bombay-400 002.

TRUE COPY
ATTESTED BY ME

Foziya K. Shaikh
FOZIYA K. SHAIKH
B. Com., LL.B.
ADVOCATE & NOTARY
Krishna Green Land Park



ATTESTED TRUE COPY