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BSE ACKNOWLEDGEMENT

Acknowledgement Number	4302686
Date and Time of Submission	7/23/2022 8:29:13 PM
Scripcode and Company Name	500337 - PRIME SECURITIES LTD.
Subject / Compliance Regulation	Compliances-Reg. 39 (3) - Details of Loss of Certificate / Duplicate Certificate
Submitted By	Prime Securities Limited
Designation	Company Secretary & Compliance Officer

Disclaimer : - Contents of filings has not been verified at the time of submission.



July 23, 2022

BSE Limited

Phiroze Jeejeebhoy Towers,
Dalal Street,
Fort, Mumbai 400001

National Stock Exchange of India Limited

Exchange Plaza, 5th Floor, Plot No. C/1,
G Block, Bandra Kurla Complex,
Bandra (East), Mumbai 400051

Dear Sir,

Sub: Regulation 39(3) of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015

Re: Stock Code: 500337 (BSE) / PRIMESECU (NSE)

Pursuant to the provisions of Regulation 39(3) of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015, we wish to inform you that the Company has received information from Registrar & Share Transfer Agent, M/s. Link Intime India Private Limited, regarding loss of share certificate / stop transfer.

This is for your information and records.

Thanking you,

Yours faithfully,

For **Prime Securities Limited**



Ajay Shah
Company Secretary
(ACS-14359)

Prime Securities Limited

1109 / 1110, Maker Chambers V,
Nariman Point, Mumbai 400021
CIN: L67120MH1982PLC026724

www.primesec.com

Tel : +91-22-6184 2525

Fax : +91-22-2497 0777

Ajay Shah

From: instamisreports@linkintime.co.in
Sent: 23 July 2022 04:01
To: ajay@primesec.com; vijendra@primesec.com
Cc: ganapati.haligouda@linkintime.co.in
Subject: Stop Transfer Intimation under Regulation 39(3) of SEBI LODR (2015)
Attachments: ID1966.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 : Prime Securities Limited

Stop Transfer Date	Folio No	Name	Certificate No.	Distinctive No.	No. of Shares	Reason
22 Jul 2022	B07269	BARKATALI MAGAN KESHWANI	2470	354926 - 355025	100	Lost By Holder
22 Jul 2022	B07269	BARKATALI MAGAN KESHWANI	2470	354926 - 355025	100	TRANSMISSION PROCEDURE FORWARDED

Regards
Link Intime India Pvt Ltd.

This is an auto generated report.

99050

To,

Linkintime

Unit: PRIME SECURITY FOLIO NO B07269

SUB: LOST PHYSICAL SHARE CERTIFICATE FOLIO NO: B07269 AND CHANGE OF NAME

Respected Madam/Sir,

- 1) I NUSRAT MALIK LALANI, would like to bring to your notice that my Father Mr BARKATALI MAGAN KESHWANI was a share holder of PRIME SECURITY, FOLIO NO B07269.
- 2) My father is no more and has passed away on 6th March 2002
- 3) My mother Mrs MALEKSULTAN BARKATALI KESHWANI is also no more and she passed away on 26th July 2005
- 4) I am the only legal heir and I have no other siblings and there is no joint holder.
- 5) I have lost the physical share certificate and want to apply for a duplicate share cert and transfer the shares from my father's name to my name.
- 6) I would also like to bring to your notice that the address (property) mentioned in your records doesn't belong to us anymore and hence I DO NOT receive any correspondence if sent so from the company.

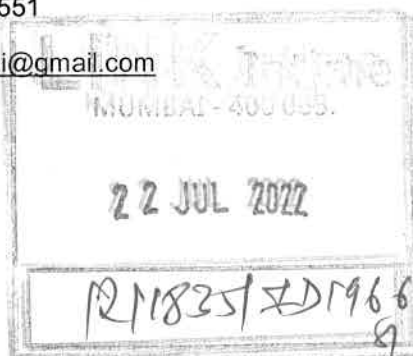
i.e NAVRANG GARMENTS, 312 MACHIWALA MANSION, OPP BHENDI BAZAR FIRE BRIGADE, SVP ROAD, MUMBAI 400009.
- 7) After speaking to Mr Ganapati Haligouda and rnt.helpdesk I was asked to send my KYC and the Death Certificates of my parents so that the company would let me know the procedure to acquire a duplicate share certificate and transfer it on my name.
- 8) I am attaching duly signed request letter, my self attested copy of PANCARD, AADHAR CARD, PASSPORT, my MARRIAGE CERTIFICATE, DEATH CERTIFICATE OF MY FATHER (Primary share holder of Prime Security Folio No B07269) and DEATH CERTIFICATE OF MY MOTHER.
- 9) Kindly revert back at the earliest as to how I can go about the procedure to acquire the share certificate of Prime Security on my name.

Thanking You

NUSRAT MALIK LALANI

9819949551

nusratlalani@gmail.com



Handwritten signature

(P10)



ADD:

RNA LIBERTY CHS LTD,

TYPE 3, FLAT NO 403,

NEXT TO VIJAY PARK,

ABOVE CITY UNION BANK,

MIRA ROAD (E),

THANE 401107

MAHARASHTRA

ATTACHED:

- 1) Duly signed request letter
- 2) Self attested Pan Card
- 3) Self attested Aadhar Card
- 4) Self attested copy of Passport
- 5) Self attested Marriage Certificate
- 6) Death Certificate of Primary share holder Mr Barkatali Magan Keshwani
- 7) Death Certificate of Mrs MalekSultan Barkatali Keshwani (Wife of Mr Barkatali Magan keshwani)
- 8) Ration Card, Photocopy of Mr. Barkatali Keshwani
- 9) Dividend Slip (having details of primary share holder of folio No.)



MUNICIPAL CORPORATION OF GREATER BOMBAY

Public Health Department

No 17397

FORM NO. 8

(See Rule 8 of the Maharashtra Registration of Births & Deaths Rules, 1976)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

- (1) Name of the deceased MRS. MALEKSULTAN BARKATALI KESHUJI
 (2) Address of normal residence Ismailia Housing Society, 44/E Adelpi Chambers, Flat No. 6A, Class Rd, Mumbai 400008
 (3) Date of death 26/7/2005
 (4) Occupation Housewife
 (5) Sex Female
 Marital Status (Single/Married/Widowed/Divorced)
 (7) Date of Birth 1937
 (8) Age in years 68 yrs. If under 1 Yr. If under 24 Hours
 last birthday) Months Days Hours Minutes

(9) Cause of death Cardio Respiratory Failure

Approximate interval between onset and death
 Years Months Days Hours

15 mins.

I. Immediate cause

State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asphyxia, etc.

(a) Cardio Respiratory Failure
 due to (or as a consequence of)

Antecedent causes

Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last.

(b) Ischaemic Heart Disease & Diabetes Mellitus
 due to (or as a consequence of)

II. Other significant conditions

Contributing to the death, but not related to the disease or condition causing it.

(c)

(10) How did injury occur?

Accident ☐Suicide ☐Homicide ☐

(Tick the relevant cell)

(11) If deceased was a female

Was the death associated with pregnancy? (Yes or No)

If yes, was there a delivery (Yes or No)

Name (Rubber Stamp) of
 Institution or
 Medical Practitioner

Dr. (mes) R. H. KHAN

(i) Allopathic ☒(ii) Ayurvedic ☐(iv) Unani ☐

(Tick the relevant cell)

Serial No. of Institution

RHKhan

Reg. No. 19350

Date of report

26/7/2005

147, Tamarasda Rd, Hareon Moyal
 Mumbai 400009

MUNICIPAL CORPORATION OF GREATER MUMBAI.

FORM NO. 4 (See Rule 7)

MEDICAL CERTIFICATION OF CAUSE OF DEATH

(Hospital in-patients. Not to be used for still births)



13836

To be sent to Registrar along with Form No. 2 (Death Report)

Name of the Hospital Habib Hospital Dongri Mumbai-9 I hereby
 certify that the person whose particulars are given below died in the hospital in Ward No. Male ward
 on 6/3/02 at 4.20 AM/PM.

NAME OF DECEASED <u>Barakat Ali Magan Keshwani</u>					For use of Statistical Office
Sex	Age at Death				
	If 1 year or more age in Years	If less than 1 year age in Months	If less than one month, age in Days	If less than one day age in Hours	
<u>Male</u>	<u>74</u>				
<input checked="" type="checkbox"/> Male					
<input type="checkbox"/> Female					

CAUSE OF DEATH		Interval between onset & death approx.
I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asphyxia, etc.	(a) <u>Cardio-respiratory failure</u> Due to (or as a consequences of)	
II Antecedent cause Morbid conditions, if any, giving rise to the above Cause stating underlying conditions last.	(b) <u>Hepatocellular carcinoma</u> Due to (or as a consequences of)	
III Other significant conditions contributing to the death but not related to the disease or condition causing it	(c) <u>Hepatic failure</u> <u>Anemia</u>	

Manner of Death

☒ 1. Natural 2. Accident 3. Suicide 4. Homicide 5. Pending investigation

How did the injury occur?

If deceased was a female was the death associated with pregnancy? 1. Yes 2. No

If yes, was there a delivery? 1. Yes 2. No

HABIB HOSPITAL
 159, J. L. Road, (EAST),
 DONGRI, MUMBAI - 400 009

Registration No. 3214293
37473

Name and Signature of the Medical Attendant certifying the cause of death
Dr. Syed H. Khan R.M.O.

Date of verification 6/3/02

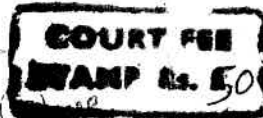
SEE REVERSE FOR INSTRUCTIONS

(To be detached and handed over to the relative of the deceased)

MUMBAI
 No. 013836

Certified that Shri/Smt./Kym. Barakat Ali Magan Keshwani
 Daughter of Shri Magan Pharsi Keshwani
 Was admitted to this hospital on 4/3/02 and expired on 6/3/02
 Name of Hospital Habib Hospital

Doctor Dr. Syed Khan
 (Medical Supdt.)
R.M.O.



7330/96

177/2092

नोंदणी २८३ महिड.

Regn. 283 mhc.

य. का. मु.—५,००,०००—३—६९—एफ.एल.६*

G. L. L. No. S. G., P. H. D. No. R. G. M. 1153/54566 M of 9 9-54;

Rev. vide L. No. AD-7-230-657-21-5-81 from I. G. of Regn., Ph. I.]

20 JUL 1996

विवाह ज्ञापन/विवाह का स्मार-पत्र/Memorandum of Marriage

7th July 1996

1. विवाहाचा दिनांक/विवाह की तारीख/Date of Marriage
2. विवाहाचे ठिकाण (ठिकाण दर्शविण्यासाठी आवश्यक तपशील द्यावा)
विवाह का स्थान (स्थान मालूम करणे के लिये पर्याप्त विवरणी सहित)
Place of Marriage (with sufficient particulars to locate the place)
3. (अ) बराचे संपूर्ण नाव/(क) दुलहे का पूरा नाम
(a) Full name of the bridegroom
(ब) त्याचे वय/(ख) आयु/(b) His age
(क) नेहमीचे राहण्याचे ठिकाण/(ग) साधारण निवासस्थान
(c) Usual place of residence
(ड) पत्ता/(घ) पत्ता/(d) Address
(ई) विवाहाच्या वेळी बर अविवाहित/विधूर/घटस्फोटित होता. विवाहित असल्यास, किती पत्नी आहेत
(इ) विवाह के समय दुलहे की स्थिती आयाकि—अविवाहित/विधूर/विवाह-विच्छेदित/विवाहित है, यदि है, तो कितनी जिवित पत्नीयां हैं।
(e) Status of the bridegroom at the time of marriage whether unmarried/widower/divorced/married and if so, how many wives are alive.
(फ) बराची सही व दिनांक (च) दुलहे का हस्ताक्षर, तारीख सहित
(f) Signature of the bridegroom with date.
4. (अ) बधूचे संपूर्ण नाव/(क) दुलहनका पूरा नाम
(a) Full name of the bride
(ब) तिचे वय/(ख) उसकी आयु/(b) Her age
(क) नेहमीचे राहण्याचे ठिकाण/(ग) साधारण निवास-स्थान/(c) Usual place of residence
(ड) पत्ता/(घ) पत्ता/(d) Address
(ई) विवाहाच्या वेळी बधू अविवाहित/विधवा/घटस्फोटित होता
(इ) विवाह के समय दुलहन की स्थिती आयाकि अविवाहिता/विधवा/विवाह-विच्छेदिता है
(e) Status of the bride at the time of marriage whether unmarried/widow/divorced
(फ) बधूची सही व दिनांक/(च) दुलहन का हस्ताक्षर, तारीख सहित
(f) Signature of the bride with date.
5. (अ) बराच्या पित्याचे किंवा पालकाचे संपूर्ण नाव/
(क) दुलहे का पिता या प्रतिपालक का पूरा नाम/
(a) Full name of the father or guardian of the bridegroom
(ब) त्याचे वय/(ख) उसकी आयु/(b) His age
(क) नेहमीचे राहण्याचे ठिकाण/(ग) साधारण निवासस्थान/(c) Usual place of residence
(ड) पत्ता/(घ) पत्ता/(d) Address
(ई) बराच्या पित्याची किंवा पालकाची सही व दिनांक
(इ) दुलहे के पिता या प्रतिपालक का हस्ताक्षर, तारीख सहित
(e) Signature of the father or guardian of the bridegroom with date.
6. (अ) बधूच्या पित्याचे किंवा पालकाचे संपूर्ण नाव
(क) दुलहन के पिता या प्रतिपालक का पूरा नाम
(a) Full name of the father or guardian of the bride.
(ब) त्याचे वय/(ख) उसकी आयु/(b) His age
(क) नेहमीचे राहण्याचे ठिकाण/(ग) साधारण निवास-स्थान/(c) Usual place of residence
(ड) पत्ता/(घ) पत्ता/(d) Address
(ई) बधूच्या पित्याची किंवा पालकाची सही व दिनांक
(इ) दुलहन के पिता या प्रतिपालक का हस्ताक्षर, तारीख सहित
(e) Signature of the father or guardian of the bride with date.

M. M. L.

(P10)

7. (अ) विवाहाचे पौरोहित्य करणाऱ्या पुरोहिताचे संपूर्ण नाव **2. amulabeddin Ebrahim**
 (क) विवाह संपन्न करनेवाले पुरोहित का पूरा नाम - **charanpa**
 (c) Full name of the officiating priest
 (व) त्याचे वय/(ख) उसकी आयु/(b) His age **66**
 (क) नेहमीचे राहण्याचे ठिकाण/(ग) साधारण निवास स्थान/(e) Usual place of residence **Mumbai**
 (ड) पत्ता/(घ) पत्ता/(d) Address **86 M.O. Keki. Marg, 3rd floor**
Mumbai- 400009
 (ई) विवाहाचे पौरोहित्य करणाऱ्या पुरोहिताची सही व दिनांक
 (ङ) विवाह संपन्न करनेवाले पुरोहित का हस्ताक्षर, तारीख सहित. **sd/- charanpa**
 (e) Signature of the officiating priest with date **7/7/96**

(या खालील सजकूर विवाह निबंधक कार्यालयात भरावयाचा आहे)

बरील ज्ञापन मिळाल्याचा दिनांक माहे सन १९८८ फीची रक्कम रु.
 मिळाल्याचा दिनांक माहे सन १९८८ बरील ज्ञापन सन १९५४ चा मुंबईचा विवाह नोंदणीवावतचा
 अधिनियम (सन १९५४ चा मुंबईचा अधिनियम पाचवा) या अन्वये ठेवण्यात येणाऱ्या विवाह नोंदवहीचा खंड पृष्ठ
 वर सन १९८८ चा अनुक्रमांक येथे फाईल करण्यात आले आहे.

स्मार-पत्र और *शुल्क मैंने तारीख सन १९८८ ई. को प्राप्त किया और मुंबई विवाह रजिस्ट्रेशन,
 अधिनियम, सन १९५४ ई. (बम्बई ५ सन १९५४ ई.) के अधिन रखे गये विवाह के रजिस्टर की जिम्दारी के पृष्ठ
 पर सन १९८८ ई. के क्रमांक पर स्मार-पत्र को नत्थी किया गया।

The memorandum and the fee of * were received by me on 20 Jul 1996
 and the memorandum is filed at serial No. 7330 of 1996, on page 177 of
 volume 2092 of the register of marriages maintained under the Bombay Registration of
 Marriage Act, 1953 (Bombay V of 1954).

दिनांक/तारीख/Date 20 Jul 1996 sd/- C.P. Pethi
 (सही/हस्ताक्षर/Signature)
 विवाह निबंधक/विवाहों का रजिस्ट्रार/Registrar of Marriages.

*[येथे सन १९५४ चा मुंबईचा अधिनियम पाचवा याच्या कलम ५ (३) अनुसार किंवा यथास्थिती या नियमापैकी नियम ३ (अ)
 च्या उपबंधानुसार मिळालेली रक्कम नमूद करावी.]

*[अधिनियम की धारा ५(३) या यथास्थिती इन नियमों के नियम ३ (अ) के उपबंधों के अनुसार प्राप्त रक्कम यहाँ निदिष्ट किजिए।]

*[Here insert the amount received in accordance with the provisions of section 5 (3) of the Act or rule 3-A of these Rules, as the case may be.]

सर्वप्रथम दोन प्रति भरल्या पाहिजेत. (२) तमुच्यातील (अ) मध्ये वधूचे विवाहापूर्वीचे नाव लिहावे. (सरकारी पत्र, स्वराज्य संस्था व सार्वजनिक आरोग्य विभाग, क. एसएम/१५९८-४०६५३-ई, दिनांक १३ डिसेंबर १९५८ पहा.)
 (३) वधू/वर अज्ञान नसेल तेव्हा क्रमांक ५ व ६ भरले नसतील तर बालताळ. (४) खाडाखोड व फेरबदल केल्यास संबंधित व्यक्तीने त्या ठिकाणी संक्षिप्त सही करावी. (माल ३-ई विवाह निबंधक कार्यालयात म्हाणजे विवाहाचे वेळची स्थिती दाखविते- वेळी इतर नको असलेली सही करण्याची जरूरी नाही.)

अनुदेश—(१) प्रत्येक दोन प्रत भरण्यात येऊन माल ४ (क) मध्ये वधू का प्रथम नाम लिखवा. (सरकारी पत्र, स्थानिक स्वशासन विभाग, लोकस्वास्थ्य विभाग, क्रमांक एसएम-१५९८-४०६५३-ई, दिनांक १३ डिसेंबर १९५८ पहा.) (२) In item 4(a) of the form bride's maiden name should be written. (vide Government Letter, SG and PHD, dated 13-12-1958) (३) Items 5-6 may be left blank when the bridegroom/bride is not a minor. (४) Erasures, alterations should be initiated by the party concerned.



विवाह निबंधक, मुंबई जिल्हा

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

NUSRAT MALIK LALANI
BARKATALI MAGAN KESHWANI

03/01/1977

Permanent Account Number
AAXPL1775E

Nusrat
Signature



OK
Nusrat
1977
22-7-22

Nusrat



भारत सरकार
GOVERNMENT OF INDIA



नूसरत मलिक लालानी
Nusrat Malik Lalani

जन्म वर्ष / Year of Birth : 1977
स्त्री / Female



4458 2324 9119

आधार — सामान्य माणसाचा अधिकार

Nusrat



भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता: टाईप-3/403, आरणा लिवर्टी
अपार्टमेंट, मिरा रोड ईस्ट, मिरा-भायंदर,
पुणे, मिरा-भायंदर, ठाणे, मिरा रोड,
महाराष्ट्र, 401107

Address: Type-3/403, RNA Liberty
Apartment, Near Jangid Circle,
Mira Road East, Mira-Bhayander,
Thane, Mira Road, Maharashtra,
401107

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

वि. वा. क. ३-अ

WVA

No. 013012

कौटुंबिक पुर्वव्यापनिका/शिधापनिका

शिक्षावाटप क्षेत्र/..... जिल्हा

जिह्वा

अर्ज क्रमांक ३३७५१७६

कोड क्रमांक ३३०/१/२/६

नागरिकत्व
२५/२/१५

कुटुंब प्रमुखाने नाव केसावावी. ज्ञानकार्याची अशीच नीति
वर्ष १८० संपूर्ण पत्ता उज्ज्वळ करावा. (१५/१२/२०) सा. वा. (१८/१२/२०)
१८/१२/२० उज्ज्वळ करावा. २०/१२/२०

अर्जात नमूद केलेले कुटुंबाचे एकत्रित वार्षिक उत्पन्न रु. (१२०॥२५) वर
गैर वापरत असल्यास नोंदणीकृत ग्राहकाचे नाव

गौस वापरत असल्यास नोंदणीकृत ग्राहकाचे नाव

ग्राहक क्रमांक / मिटर क्रमांक

ग्रेस वितरकाचे नाव व ठिकाण ग्रॅस वितरक मिनिंडर एक / दोन

कटुव प्रमुखाची सही किंवा डाव्या

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01/01/2020

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निदानमन्त्र शिक्षावट्टप, भगवद्.

आ.मान.भा.अ.प.का

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मन्त्रव,

अन्न, नागरा पुष्पान् च गच्छन्तः तत्र भाग,

महाराष्ट्र शासन.

जुना पुरवा / शिधापत्रिका क्रमांक ७७७७७७७७ दिनांक १६/१०/२०१६

राजभाषा / अ. शि. दुकान क्रमांक ३३२ संदर्भ क्रमांक १६२

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अनु- क्रमांक	नाम	वय	कुटुंब प्रमुखाशी नाते	निरीक्षक / शिधावाटप अधिकार्याची मही
१	अर्जुन/मनीष/अक्षय/मनीष	६०	२०२५/११	२०२५/११
२	अर्जुन/मनीष/अक्षय/मनीष	६५	२०२५/११	२०२५/११

शुल्क.—मूळ पत्रिकेस पाच रुपये, दुय्यम पत्रिकेस दहा रुपये.

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