

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

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

MAIL SCAN DONE

E11L/DUP/IMN/22658

2435028, 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  
SMT FUR, KOKKATA (W) B.

14<sup>TH</sup> 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 MOTIWALA  
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 MOTIWALA  
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  
**ZABUNNISA MANSURI**

Place of Accident

Cross Class

Received for Link Only

Record Contains Amendment

**1a. Legal Name of Decedent (First, Middle, Last)**  
ZABUNNISA 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** Months: 0 Days: 0 **4c. Under 1 Day** Hours: 0 Minutes: 0 **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.** None **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  Widowed  Married  Married but Separated  Unknown

**9. War Service Dates (From-To):** None **10. Survivors** Name: None (first marriage)

**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  Entombment  Cremation  Entombed  Removal 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 (A.S., A.B.)  Bachelor's degree (B.A., B.S., B.M., M.S., M.D., M.B.A.)  Doctorate (Ph.D., Ed.D.) or Professional degree (M.D., D.D.S., D.D.)

**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** None

**25. Name and Address of Last Employer** None

**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)** [Signature] **29. License Number** [Blank] **30. Date Signed (Mo/Day/Yr)** 7-25-06

**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  Hospice Facility  Nursing Home/Long Term Care Facility  Decedent's Home  Other (Specify):  
 If Death Occurred Somewhere Other Than a Hospital:

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

**CAUSE OF DEATH**  
 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 arrest  
 b. Due to (or as a consequence of) Syncope w/ Fibrillation  
 c. Due to (or as a consequence of) MI w/ UIN  
 d. Due to (or as a consequence of) [Blank]

**36. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.** [Blank]

**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)** [Blank] **40. Time of Injury** AM  PM  **41. Place of Injury (e.g., home, construction site, restaurant)** [Blank] **42. Injury at Work?** Yes  No

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

**44. Describe How Injury Occurred** [Blank]

**45. If Transportation Injury:**  
 Driver/Operator  Passenger  Other (Specify):

**46. Manner of Death**  
 Natural  Pending Investigation  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

**50. 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.

**51. Name, Address and Zip Code of Certifier** K.S. Singh, 1230 Vankar Rd, Edison, NJ 08820

**52. Signature of Certifier** [Signature] **53. License Number** 12345

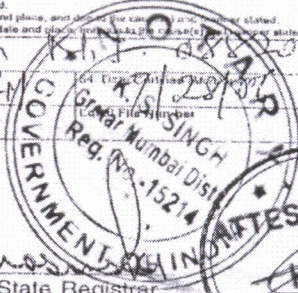
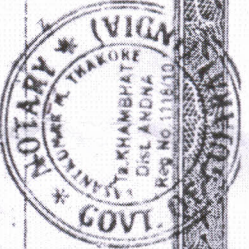
**54. Date Certified (Mo/Day/Yr)** 7/25/06 **55. Signature of Local Registrar** [Signature] **56. District No.** 122 **57. Date Received** 7/28/06

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY MEDICAL CERTIFIER

TRUE COPY

[Signature]  
YASANTKUMAR M. THAKORE  
NOTARY



This is to certify that the information correctly copied from a record on file in the office of the State Registrar, Bureau of Vital Statistics, is as shown hereon.

Joseph A. Komosinski, State Registrar  
Bureau of Vital Statistics

REG-42B  
JULY 04

19 SEP 2006

भारत सरकार  
GOVERNMENT OF INDIA




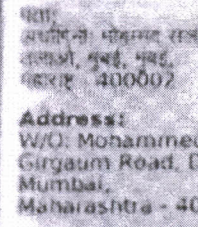

शकुफ़्ता मंसुरी  
**Shagufta Mansuri**  
 व-न तिथि / DOB : 28/05/1968  
 महिला / FEMALE  
 Mobile No. 9828245130



**5468 9460 4660**

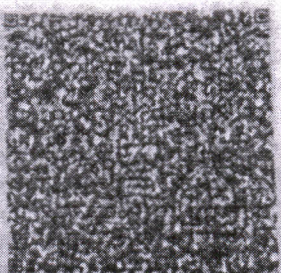
मेरा आधार, मेरी पहचान

भारत सरकार  
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  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

SHAGUFTA MANSURI

AIYOORBHAI MANSURI

28/05/1968

Permanent Account Number  
**APEPM1175M**

*Shagufta Mansuri*  
Signature




*Shagufta Mansuri*

