

▪ ISO 9001:2015

▪ Govt. Recognized One Star Export House

▪ ISO 22716:2007

Letter of Intent cum Master Creation Form for admission of Unlisted Company

Kindly ensure that all the columns are properly filled. Write "N.A." wherever not applicable. Fill up the form in BLOCK LETTERS only. Affix stamp and initials in each page of the form.

Date	D	D	M	M	Y	E	A	R
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To,
The Managing Director
Central Depository Services (India) Limited
A Wing, 25th Floor, Marathon Futurex,
Mafatal Mills Compounds,
N M Joshi Marg, Lower Parel (E)
Mumbai – 400013

Dear Sir,

We are interested in offering demat option to our shareholders. Kindly admit the securities as per the attached details and allot an International Securities Identification Number/s (ISIN/s) for the same. We confirm that the information provided is true and correct to the best of our knowledge and we will be solely responsible for any false or incorrect information or failing to furnish the relevant information along with the required documents.

The details of our Company are as given below:

A. Full name of the Company:

ANCALIMA LIFESCIENCES LIMITED

B. Previous Name(s) of the Company (Applicable where there is(are) change(s) in name(s) of the Company after incorporation):

Sr. No.	Previous Name	Date of Name Change
1	PFISCAR INDIA LIMITED	0 8 0 7 2 0 0 6
2	UNISULE LABORATORIES PVT LTD	0 2 0 5 1 9 8 8

C. Company Information:

Date of Incorporation	0 2 0 5 1 9 8 8																					
Main Business	MANUFACTURING OF PHARMACEUTICALS AND MEDICINE																					
PAN	A	A	C	C	P	5	0	0	5	B												
TAN	D	E	L	P	0	6	5	1	8	B												
CIN	U	5	2	1	1	0	D	L	1	9	8	8	P	L	C	0	3	1	4	5	1	
Legal Entity Identifier (LEI)	[Grid]																					
GSTN	0	6	A	A	C	C	P	5	0	0	5	B	1	Z	4							



D. Type of Company (Put \checkmark at the appropriate box):

Indian	\checkmark	Private Limited	
MNC (Multinational)		Public Limited	\checkmark
PSU / Government			
Joint Stock Company			
Statutory Company			
Mutual Fund			
Guarantee and association Company			
Limited Liability Partnership			

E. Registered Office Address:

Address - 1	N-146, 1 ST FLOOR																					
Address - 2	GREATER KAILASH-I																					
Address - 3	NEW DELHI																					
City	SOUTH DELHI				PIN	1	1	0	0	4	8											
State	DELHI				Country	INDIA																
Phone - 1												Phone - 2										
Fax												Mobile	9	8	9	6	0	0	8	7	8	6
Alternate Mobile	9	8	1	2	6	6	8	7	8	6	Email ID	accounts@ancalima.com										
Alternate Email ID	rg@ancalima.com																					

F. Administrative/Corporate/Correspondence Office Address (Put \checkmark at the appropriate box):

Same as Registered Office Address	
Other Address (if any)	\checkmark

Other Address (Applicable if ticked on Other Address):

Address - 1	50 KM STONE										
Address - 2	NATIONAL HIGHWAY NO. 1										
Address - 3	GT LINK ROAD MURTHAL										
City	SONEPAT				PIN	1	3	1	0	2	7
State	HARYANA				Country	INDIA					



Phone - 1																				Phone - 2																			
Fax																				Mobile	9	8	9	6	0	0	8	7	8	6									
Alternate Mobile	9	8	1	2	6	6	8	7	8	6										Email ID	accounts@ancalima.com																		
Alternate Email ID	rg@ancalima.com																																						

G. Billing Address (Put ✓ at the appropriate box):

Same as Registered Office Address	
Same as Correspondence Address	✓
Other Address (if any)	

Other Address (Applicable if ticked on Other Address): N.A.

Address - 1																																						
Address - 2																																						
Address - 3																																						
City															PIN																							
State															Country																							
Phone - 1																				Phone - 2																		
Fax																				Mobile																		
Alternate Mobile																				Email ID																		
Alternate Email ID																																						

H. Details of Board of Directors : (Please clearly identify The Chairman, MD and The Wholetime Director)

Sr. No.	Name	Chairman / MD / Wholetime Director	PAN/DIN												
			PAN	A	F	B	P	G	8	2	6	2	Q		
1	RAJEEV GARG	CHAIRMAN	DIN	0	0	1	5	9	9	2	5				
			PAN	B	P	Q	P	S	1	4	1	0	C		
2	SANDEEP SHARMA	DIRECTOR	DIN	0	3	4	6	5	3	5	8				
			PAN	A	E	X	P	G	5	3	6	6	E		
3	SITA RAM GARG	DIRECTOR	DIN	0	0	4	5	5	6	0	2				
			PAN												
4			DIN												
			PAN												
5			DIN												
			PAN												



I. Details of Promoters/ Key Managerial Persons:

Sr. No.	Name	Promoters / Key Managerial Persons	PAN									
			A	F	B	P	G	8	2	6	2	Q
1	RAJEEV GARG	PROMOTERS	A	F	B	P	G	8	2	6	2	Q
2	SAKSHI GARG	PROMOTERS	A	C	V	P	G	0	2	8	3	G
3	SITA RAM GARG	PROMOTERS	A	E	X	P	G	5	3	6	6	E
4	NIRMALA GARG	PROMOTERS	A	F	W	P	G	9	7	9	9	P
5												

J. Particulars of the Company Secretary: N.A.

Name													
Employee							Practicing						
CS Registration Number													
Designation [If Employee]													
Phone - 1							Phone - 2						
Fax							Mobile						
PAN													
Email ID													

J. Particulars of the Compliance Officer (Put \checkmark at the appropriate box):

Same as Company Secretary	
Other Personnel (if any)	\checkmark

Other Personnel (Applicable if ticked on Other Personnel):

Name	RAMESH WADHWA																
Designation	Chartered Accountant																
Phone - 1							Phone - 2										
Fax							Mobile	9	8	1	2	4	4	2	4	8	7
PAN	A	A	A	P	W	5	3	2	4	P							
Email ID	CA.RWADHWA@YAHOO.CO.IN																

K. Registrar & Transfer (R & T) Work of the Company:

Registrar and Transfer Agent (RTA) Details:

Name	SAG Infotech Private Limited
Address - 1	B-9, 2 nd & 3 rd Floor, Mahalaxmi Nagar,
Address - 2	Behind WTP South Block,
Address - 3	Malviya Nagar



City	Jaipur										PIN	3	0	2	0	1	7
State	Rajasthan										Country	India					
Phone - 1	0	1	4	1	4	7	2	7	3	7	4	Phone - 2					
Fax												Mobile					
Email ID	info@sagrta.com																

Type of Service (Put \checkmark at the appropriate box):

Single Point Connectivity [Physical + Electronic]	\checkmark
Only Electronic Connectivity	

Physical RTA Details (If ticked on "Only Electronic Connectivity):

[Address of the registry operations where the physical securities for dematerialisation / rematerialization are to be delivered by the Depository Participants]

Name	SAG Infotech Private Limited																
Address - 1	B-9, 2 nd & 3 rd Floor, Mahalaxmi Nagar,																
Address - 2	Behind WTP South Block,																
Address - 3	Malviya Nagar																
City	Jaipur										PIN	3	0	2	0	1	7
State	Rajasthan										Country	India					
Phone - 1	0	1	4	1	4	7	2	7	3	7	4	Phone - 2					
Fax												Mobile					
Email ID (s)	info@sagrta.com																



Particulars of Equity Shares to be admitted with CDSL

(Part – B)

1. Name of the issuing Company ANCALIMA LIFESCIENCES LIMITED
2. Name of the share dept./ RTA having electronic Connectivity with CDSL SAG Infotech Private Limited
3. Type of security Equity shares

Whether any other security of the company is already available in dematerialised form: ~~Yes~~/ No
If Yes mention ISIN (if any)

4. Particulars of Equity Capital as on Previous Financial year end

Share Capital	No. of Shares	Face value per share (₹)	Paid-up value per share (₹)
Authorised	200000	100	100
Issued	A 100000	100	100
Paid up	B 100000	100	100
Difference if any*	[A-B]	0	0
Distinctive Nos.	From: 0000000001	To: 0000100000	N.A.



* Reason for difference of Shares, if applicable:

A-B: _____ N.A. _____

5. Details of New Shares Issued during the current financial year
Year of the company: DD/MM/YYYY

Nature of Issue (Bonus/Rights/Public Offer/Partly Paid)	No. of Shares	Date of allotment	Face value per share (₹)	Fully Paid	Partly Paid	Distincti ve no
		DD/MM/YYYY				
		DD/MM/YYYY				
		DD/MM/YYYY				
Total						

**6. Shareholding
pattern**

As on _____

	No. of shareholders	No. of shares held	Percentage
Promoters' holdings	4	73016	73.02%
Non promoters' holdings	5	26984	26.98%
Total	9	100000	100%

**7. Number of shareholders
holding more than 1% of
the capital**

3

8. For Issue of CFI Codes:

Please Provide separate Voting Rights details for:



Voting Rights (indicates the kind of voting power conferred to the shareholder) (Put ✓ at the appropriate box)				Payment Status (Put ✓ at the appropriate box)		No. of shares	Particulars	Paid Up Value Per Share (₹)
Voting (Each share has one vote)	Non-voting (shares has no voting rights)	Restricted voting (The shareholder may be entitled to less than one vote per share)	Enhanced voting (The shareholder is entitled to more than one vote per share)	Partly Paid	Fully Paid			
✓					✓	100000	EQUITY SHARES	100

We certify that the particulars furnished hereinabove as also in the attached documents are true and correct. We further undertake to inform CDSL of any change in the capital structure, company's particulars, additions etc.

Place: _____

Date: _____

Signature of authorised signatory

Name:

Designation:



Instructions:

1. Please ensure to submit all particulars.
2. Please tick ✓ wherever applicable
3. Write N.A. wherever not applicable.
4. Add annexures if required.