

WIL/SEC/2022

September 09, 2022

Bombay Stock Exchange Limited	National Stock Exchange of India Limited
Department of Corporate Services,	ListingCompliance Department
SP. J. Towers, Dalal Street,	Exchange Plaza, Bandra-Kurla Complex,
Mumbai - 400 001	Bandra (E), Mumbai – 400 051
(Scrip Code-514162)	(Symbol: WELSPUNIND)

Dear Sirs/ Madam,

Subject: Disclosure of information pursuant to Regulation 39(3) of the SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015.

Pursuant to Regulation 39(3) of the Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015, giving below is the information regarding issuance of duplicate share certificate received from shareholder. We are in process of issuing duplicate share certificate to the shareholder after compliance of the required formalities.

Subject Matter	Received by the Registrar & Share Transfer Agent (RTA)		RTA intimated the Company	Folio No	Name of Shareholder	Certifi cate No.	Distincti ve No.	No. of Shares	Reason
	1	1 '	September 09, 2022	P0150175	PATTAMMA L	40140	3938295 - 3939120	826	Lost By Holder

Please take the same on record.

Thank you, Yours faithfully, For **Welspun India Limited**

Shashikant Thorat Company Secretary ICSI Membership No. : FCS-6505

Welspun India Limited

Welspun House, 6th Floor, Kamala City, Senapati Bapat Marg, Lower Parel (West), Mumbai 400 013, India. T : +91 22 6613 6000 / 2490 8000 F : +91 22 2490 8020 / 2490 8021

E-mail : companysecretary_wil@welspun.com Website : www.welspunindia.com

Registered Address: Welspun City, Village Versamedi, Taluka Anjar, District Kutch, Gujarat 370 110, India. T : +91 2836 661 111 F : +91 2836 279 010

Works: Survey No. 76, Village Morai, Vapi, District Valsad, Gujarat 396 191, India. T : +91 260 2437437 F: +91 260 22437088

Corporate Identity Number: L17110GJ1985PLC033271

LETTER RECEIVED VIA EMAIL

Inward

From: Sent: To: Cc: Subject: Hemal Jethva <hemal.jethva@linkintime.co.in> Tuesday, September 6, 2022 5:34 PM Inward Linkintime JITTU SAHU inward for stop mark (lost by holder)

Dear team,

Client Name: Welspun India Limited Folio: P0150175 Name: PATTAMMAL

Kindly inward for stop mark (lost by holder)

Regards, Hemal

Û	8	SEP	2022	
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MURALIDHARAN. N 4/6, Parsen Rivera Apartments, Kottur Garden 4th Main Road Extension, Kotturpuram, Chennai-600085.

Mobile No. 9789466678 Email ID: muralshak@gmail.com

Link Intime India Pvt. Ltd, C 101, 247 Park, L.B.S. Marg, Vikhroli (West), Mumbai,Maharashtra,400083

Sirs,

 Unit: WELSPUN INDIA LTD.
 Sub: <u>Issue of duplicate share certificate/Transmission/IEPF Claim procedure</u> regd. /Updation of PAN and Bank details.
 Ref: Folio No. P0150175 / MURALIDHARAN. N/ 1090 nos. Rs.1/-paid.

I regret to inform you that the first holder – PATTAMMAL who had expired on 17/12/2002. The original share certificate is misplaced/non-traceable. Hence I request you to let me know the above mentioned claims.

I enclosed herewith following documents to support for my claim.

1. Pan Card Copy and Aadhar Card Copy of applicant (joint holder).

2. KYC updating Form ISR-1, ISR-2, SH-13 & ISR-4 also enclose for your ready reference.

3. Original Cancelled Cheque Leaf.

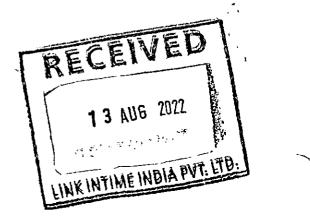
- 4. Death certificate copy.
- 5. Old Dividend warrant copy.

6. CML COPY of DP (ORIGINAL) (D) Copy of Share Centificate Kindly acknowledge receipt and do the needful (B) PASSPORT Copy

Thanking you 2 Place: Chennai .M. ceese Date: 27/07/2022 Link Intime India Pvt. Ltd. - KYC ISR-2 OK Scrutiny Pawan-67 Pawan-67 Signature Verification M **Signature Tally** Scanning Data Entry

yours faithfully 056

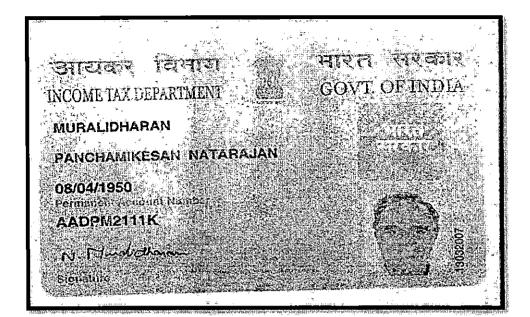
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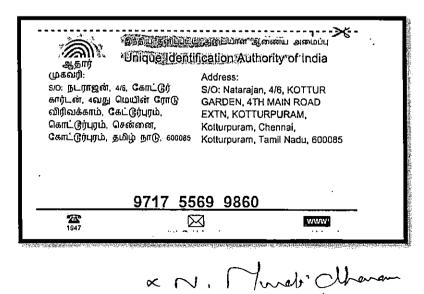
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Form ISR - 1

(see 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]

/07/2022 Date

A. I/We request you to Register / Change / Update the following (Tick ✓ relevant box)

DPAN	□Bank details	☐Signature .
Mobile number	🗆 E-mail ID	□Address

B. Security Details:

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Name of the Issuer Company	WELSPUN INDIA LTD.	Folio No.: P0150175
Name(s) of the Security holder(s) as pe	r 1. PATTAMMAL (Decease	d on 17/12/2002)
the Certificate(s)	2. MURALIDHARAN. N	
Number & Face value of securities	1090 nos. 1/-	
Distinctive number of securities		
(Optional)		

C. I / We are submitting documents as per Table below (tick ✓ as relevant, refer to the instructions):

	1	Document / Information /	Instruction / Remark
		Details	· · · · · · · · · · · · · · · · · · ·
1	PA	N of (all) the (joint) holder(s) -
		PAN V	-AADPM2111K, Aadhar: 9717 5569 9860
-		Whether it is Valid (linked to Aadhaar):□ Yes □No	PAN shall be valid only if it is linked to Aadhaar by March 31, 2022* For Exemptions / Clarifications on PAN, please refer to Objection Memo in page 4
2		Demat Account Number	1207190000000017 Also provide Client Master List (CML) of your Demat Account, provided by the Depository Participant.

& N. Munab' dhaman

3	Proof of	Any one of the documents, only if there is change in the address;
	Address of the	Client Master List (CML) of your Demat Account, provided by DP.
	first holder	□Valid Passport/ Registered Lease or Sale Agreement of Residence / Driving License / Flat Maintenance bill.
		□Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
		Identity card / document with address, issued by any of the following: Central/State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions.
		□The proof of address in the name of the spouse
VA	Bank details	Account Number: 01411000030797 Bank Name: HDFC BANK Branch Name: R.A PURAM BRANCH IFS Code: HDFC0000141
		Provide the following:
		□ <u>original cancelled cheque</u> with name of security holder printed on it or <u>Bank</u>
		PassbookorBank Statement attested by the Bank#
5	E-mail address	muralshak@gmail.com#
6	Mobile	9789466678#
		(DP) Depository Participant)

* or any date as may be specified by the CBDT

(DP: Depository Participant)

In case it is not provided, the details available in the CML will be updated in the folio

Authorization: I / We authorise you (RTA) to update the above PAN and KYC details in my / our folio(s) _64992,(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 stated are true and correct.

	Holder 1	Holder 2	Holder 3
Signature	L. N. Mind' dharan		
Name	✓ MURALIDHARAN. N		
Full address	√4/6, Parsen Rivera Apartments, Kott Garden 4 th Main Road Extensio Kotturpuram, Chennai-600085.		
PIN	7600085		

Mode of submission of documents to the RTA

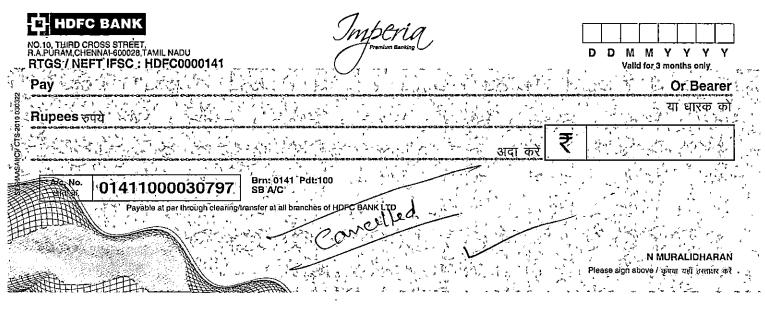
Please use any one of the following mode;

- 1. In Person Verification (IPV): by producing the originals to the authorized person of the RTA, who will retain copy(ies) of the document(s)
- 2. In hard copy: by furnishing self-attested photocopy(ies) of the relevant document, with date
- 3. Through e-mail address already registered with the RTA, with e-sign of scanned copies of documents
- 4. Service portal of the RTA with e-sign with scanned copies of documents, if the RTA is providing such facility

Note

• It is mandatory for holders of physical securities in listed company to furnish PAN, full KYC details (address proof, bank details, e-mail address, mobile number) and Nomination (for all the eligible folios).

#00036?# \$00240012# 231084# 31



Form ISR –2

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(see 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)

Confirmation of Signature of securities holder by the Banker

WELSPUN INDIA LTD.

1. Bank Name and Bra	nch	HDFC BAN	K/ R.A PUR	AM BRANCH	Ľ
2.Bank Contact details Postal Address Phone number E-mail address				SS STREET , R.A.PUR. DU 600028	AM
3.Bank Account number		01411000	0030797		
4.Account opening date					
5.Account holder(s) nam	ne(s)	1) MURA		I. N	
		2)			
6.Latest p	ht holder				
		2 nd Holder		3 rd Holder	OK Pawar
7.Account holder(s) deta	ails as per Bank Re	cords	1999-1991 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1994 - 1		
a)Address				Apartments, Kottur Ga sion, Kotturpuram, Cl	
b)Phone number		97894666	678		
c)Email address		muralsha	k@gmail.c	om	Ī
d)Signature(s)					
1) W. Munalic	thera 2)		3)		
Seal of the Bank		Signature ve		ecorded with the Ba	unk
a de la constante de la constan Anter de la constante de la cons	(Signature)		For 1	IDFC BANK LTD	EC BAN
Place: CHENNAI		Bank Manager	L. G Rela	OPINATH tionship Manager p. Code: G2874	600 023 5
	Employee Co	de	Em	p. 0000.0	URAN

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Form No. SH-13 NOMINATION FORM [Pursuant to section 72 of the Companies Act, 2013 and rule 19(1) of the Companies (Share Capital and Debentures) Rules 2014]

To,

Name of the Company, WELSPUN INDIA LTD.

Address of the Company: Welspun City, Village Versamedi, Taluka Anjar, Kutch, Gujarat, 370110

I/We MURALIDHARAN. N S/O Natarajan aged 72 years residing at 4/6, Parsen Rivera Apartments, Kottur Garden 4th Main Road Extension, Kotturpuram, Chennai-600085 jointly with PATTAMMAL (Deceased on 17/12/2002). the holder(s) of the securities particulars of which are given hereunder wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my/our death. 2.

1) PARTICULARS OF THE SECURITIES (in respect of which nomination is being made)

Nature of	Folio No.	No. of securities	Certificate No.		Distinctive No.	_
securities				From	<u>To</u>	
EQUITY	P0150175	1090				
2) PARTICUL	ARS OFNOMINI	EE/S				
Name: SAKUNTA				Date of Birth: 01/0	9/1953	
Father's/ Mother's/				Occupation: Na	tionality:	
	<u>/URALIDHARAN</u>			HOUSEWIFE IN	DIAN	
Address: 4/6, Parsen I	Rivera Apartments, K	ottur Garden 4 th Main R	oad Extension, Kott	urpuram, Chennai-60	00085	
		· · · · · · · · · · · · · · · · · · ·		code 600085		
E-mail id: muralsh	ak@gmail.com, M	Iobile No : 97894666	578 Relationship y	with the security he	der WIFF	
		·	F			
3) IN CASE NO	MINEE IS AMIN			.		
Date of birth:/	1	Date of attaining Maj	-	Name of guardia	n:	
Address of guardian.	·					
				Pin code		
4) PARTICULAI	KSUFNOMINEEI	NCASEMINORNOM	IINEEDIESBEFG	DREATTAINING	AGEOFMAJOH	NTV
Name:						
Name:				Date of Birth: /		
Name: Father's/ Mother's/ S		· · · · · · · · · · · · · · · · · · ·	1	Date of Birth: /		
Name: Father's/ Mother's/ S Nationality:			1	Date of Birth: /		
Name: Father's/ Mother's/ S Nationality:		·	1	Date of Birth: /		
Name: Father's/ Mother's/ S Nationality:	Spouse's name:	·	1	Date of Birth: / Decupation: Phone No.:		
Name: Father's/ Mother's/ S Nationality: Address:	Spouse's name:	· · · · · · · · · · · · · · · · · · ·		Date of Birth: // Decupation: Phone No.: Pin code		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id:	Spouse's name:	· · · · · · · · · · · · · · · · · · ·		Date of Birth: // Decupation: Phone No.: Pin code		
Name: Father's/ Mother's/ S Nationality: Address:	Spouse's name:	· · · · · · · · · · · · · · · · · · ·		Date of Birth: // Decupation: Phone No.: Pin code		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the	Spouse's name:	Relationship w		Date of Birth: / Decupation: Phone No.: Pin code		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar	Spouse's name:	Relationship w	ith the security ho	Date of Birth:/ Dccupation: Phone No.: Pin code Ider: Signature		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar A MURALIDHARA	Spouse's name:	Relationship w		Date of Birth: / Decupation: Phone No.: Pin code		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar	Spouse's name:	Relationship w	ith the security ho	Date of Birth:/ Dccupation: Phone No.: Pin code Ider: Signature		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar A MURALIDHARA	Spouse's name:	Relationship w	ith the security ho	Date of Birth:/ Dccupation: Phone No.: Pin code Ider: Signature		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar 4 MURALIDHARA 2.	Spouse's name:	Relationship with the second s	ith the security ho	Date of Birth:		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar HURALIDHARA 2. 3. Name & Address of v	Spouse's name: Minor Nominee: ne of the security h AN. N	Relationship with the second s		Date of Birth:/ Dccupation: Phone No.: Pin code Ider: Signature		
Name: Father's/ Mother's/ S Nationality: Address: E-mail id: Relationship with the Nar HURALIDHARA 2. 3. Name & Address of v	Spouse's name: Minor Nominee: ne of the security h AN. N	Relationship with the second s		Date of Birth:		

e. f., p. (G-东 床D/田) 1152(金) 1.00 000 -345/01-02 Feb., 02



Nº 187820

CORPORATION OF CHENNAI

சென்னை மாநகராட்சி

HEALTH DEPARTMENT சுகாதாரத் துறை

B. & D. No. 19. g. am [03399]03

Form No. 6 படிவம் என். (

Issued under Section 12 Certificate of Death of the Registration of Births **Issued** under Section 17 and Deaths, Act, 1969.

1969-ஆம் ஆண்டு பிறப்பு, இறப்புச் ச**ட்டத்தின் 12/17-வது பிரிவின்**படி

இறப்பு சான்றிதழ் வழங்கப்படுகிறது.

This is to certify that the following information has been taken from

இதனடியிற்கண்ட தமிழ்நாடு சென்னை மா நகரா ட்சி தகவல்கள் ….வட்ட இறப்பு மூலப் பதிவேட்டிலிருந்து எடுக்கப்பட்டது என்ற சான்று அளிக்கப்படுகிறது.

1. Name OUL PATTAMMA SIDIWIO NATARAJAN த / க / பெ

- 2. Age and Sex வயது மற்றும் பாலினம் 74, லெரு
- 3. Date of Death 17.12,2002 இறந்த தேதி
- 4.
- 5. to the poram, ohs

distigation of particulars regarding the cause

ed in the Register. See provision to section 17(1).

குறிப்பு:--இற**ப்பு** பதிவே**ட்டில் எழுதப்பட்ட இறப்பின் காரண**ம்

Registration No. 143 6. பதிவு எண்

SBISTANT HEALTH

RONE IK Bataphoser.

Gogmennal-15.

Date of Registration 3012 2002 பதிவான தேதி

Signature of the Issuing Authority

將用合國

Corporation of Chennai வழங்கும் அதிகாரியின் கையெழுத்து சென்னை மாநகராட்கி

AND DEATH REGISTRAN

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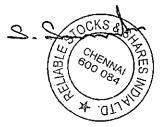
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Phone/Fax		9789466678 / /			<u> </u>	<u> </u>				/
Email		muralshak@gmail.com								
Bank Details	_	HDFC BANK LTD	-		Bank A/c Type		Savings Bank Ad	count	<u>·</u>	
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•	WELSPUN INDIA Howe TEXTLES	ection 46 of the Companies A WELSPUN Incorporated on 17th Öffice: Welspun City; Vill CIN	January, 1985 und	A LIM ler the Companies Ad Taluka Anjar, Dist	ITED st, 1956		С —
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