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 0 1 1 2 2 0 2 3

To,

The Managing Director
Central Depository Services (India) Limited

A Wing, 25th Floor, Marathon Futurex, Mafatlal 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:

FSL ELECTRONICS PVT.LTD

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		Da	te of	Na	me (Chai	nge	
1	UTTAM ELECTRONICS PRIVATE LIMITED	2	5	0	2	2	0	0	5
2	UTTAM ELECTRONICS LIMITED	1	7	0	5	2	0	0	0

C. Company Information:

Date of Incorporation													1	6	0	2	1	1	9	9	6
Main Business			ıfact ıer,e	uring tc.	g of]	Elec	tron	ic A _l	pplia	ance	s lik	e Wa	ashii	ng M	lachi	ine ,	Vac	cum			
PAN	В		A		G		P		Е		6		3	;	6	j		9		Е	
TAN	С		A		L		S		3		4		6	,	2)		3		G	
CIN	U	6	5	3	3	9	W	В	1	9	9	7	P	T	C	0	7	7	3	1	4
Legal Entity																					
Identifier (LEI)																					
GSTN	1	9		В	Α	(G	P	F	3	6	3		6	9]	Е	1	7	Z	T

D. Type of Company (Put $\sqrt{ }$ at the appropriate box):

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

E. Registered Office Address:

E. Reg	gisto	erec	10	шс	<u>e A</u>	<u>aar</u>	ess	:																		
Address -	80	CM	IDI	DLE	ETC	N(STR	REE	Т																	
1																										
Address -	70	3 A	NJA	ALI	AP	AR	TM	EN	T																	
2																										
Address -																										
3																										
City	K	OLK	AT/	4								PIN	1	7		0		0		0		7		1		
State	W	EST	BE	NGA	L							Coi	ıntry	IN	NDI.	A										
Phone – 1	0	3	3	1	2	3	4	5	6	7	8		Phone		0	3	3	7	4	1	0	8	5	2	0	
													-2													
Fax													Mobile	9	9	5	3	2	9	9	2	6	2	4		
Alternate													Email		fsl	_ele	ctroi	nics	@gn	nail.c	com					
Mobile													ID													
Alternate	Su	ppor	t_fs	l_ele	ectro	nics	@gn	nail.	com																	
Email ID																										

F. Administrative/Corporate/Correspondence Office Address (Put $\sqrt{}$ at the appropriate box):

Same as Registered Office Address	
Other Address (if any)	

Other Address (Applicable if ticked on Other Address):

Address – 1					
Address – 2					
Address – 3					
City		PIN			

State					Co	ountry						
Phone – 1						Phone – 2						
Fax						Mobile						
Alternate Mobile						Email ID						
Alternate Email												
ID												

G. Billing Address (Put $\sqrt{ }$ 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):

Address – 1											
Address – 2	·										
Address – 3	·										
City	·			PI	N						
State	·			Co	untry						
Phone – 1					Phone –	2					
Fax					Mobile						
Alternate Mobile					Email II)		•			
Alternate Email											
ID	<u>. </u>										

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

Sr. No.		Name	Chairman / MD / Wholetime Director				PA	.N/I	DIN	ſ			
1	VINAY M	IURARKA	DIRECTOR	PAN	P	A	R	D	M	6	5	4	7 E
				DIN		0	0	2	2	6	6	8	9
2	AJIT KUN	MAR ROY	DIRECTOR	PAN	C	A	D	P	R	1	2	3	4 G
				DIN		0	0	2	2	6	6	9	0
3				PAN									
4													
5			DIRECTORS MUST BE WITH PAN & DIN										

I. Details of Promoters and Key Managerial Persons:

Sr. No.			Name	Promoters / Key Managerial Persons					PA	N				
1	VI	NAY	MURARKA	PROMOTER	P	Α	R	D	M	6	5	4	7	Е
2		L EL Mite	ECTRONICS ED	PROMOTER	A	В	C	P	О	1	2	3	4	G
3														
4					1									
5				THE PROMOTERS MUST NED ONLY WITH PAN										

J. Particulars of the Company Secretary:

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

J. Particulars of the Compliance Officer (Put $\sqrt{ }$ at the appropriate box):

Same as Company Secretary	
Other Personnel (if any)	

Other Personnel (Applicable if ticked on Other Personnel):

Name	V]	VINAY MURARKA																								
Designation	D	DIRECTOR																								
Phone – 1	0	3	3	1	2	3	4	5	6	7	8		Phone – 2	e												
Fax													Mobi	le	9	9	1	3	9	9	3	3	2	2	2	2
PAN	P			A			R			D			M	6		5		4	4		7	'		Е		
Email ID	Vi	Vinay_murarka@gmail.com																								

IF THERE IS NO COMPANY
SECRETARY, DETAILS OF ANY
DIRECTOR IN THE ABOVE TABLE
MUST BE MENTIONED

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

Registrar and Transfer Agent (RTA) Details:

Name	MAHESHWARI DATAMATICS PRIVATE LIMITED													ITE	ED										
Address	23	, R.	.N.	ΜU	JKE	IER	JEI	ΞR	OA	D,															
– 1																									
Address	5 TH FLOOR																								
-2																									
Address																									
– 3																									
City	KC	DLK	AT/	A									PIN	7		0		0		0		0		1	
State	WI	EST	BEI	NGA	L								Country	INDIA											
Phone –	0	3	3	2	2	4	8	2	2	4	8		Phone –	0	3	3	2	2	4	3	5	0	2	9	
1													2												
Fax													Mobile												
Email	md	lpldo	c@y	ahoc	con.	n		•	•	•	•					•	•		•		•	•		•	
ID																									

Type of Service (Put $\sqrt{ }$ at the appropriate box):

Single Point Connecti	vity [Physical + Electronic]		
Only Electronic Conn	ectivity	•	

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	
Address – 1	
Address – 2	
Address – 3	
City	PIN
State	Country
Phone – 1	Phone – 2
Fax	Mobile
Email ID (s)	

Particulars of Equity Shares to be admitted with CDSL

(Part - B)

1. Name of the issuing

Company FSL ELECTRONICS PVT.LTD

2. Name of the share dept./

RTA having electronic

Connectivity with CDSL MAHESHWARI DATAMATICS PRIVATE

LIMITED

3. Type of security Equity shares

 $\sqrt{}$

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

4. Particulars of Equity Capital as on Previous Financial year end 31.03.2023

Share	No. of Shares	Face value	Paid-up
Capital		per share	value per
		()	share (`)
Authorised	10000000	10	10
Issued	A 868265	10	10
Paid up	B 868265	10	10
Difference	[A-B]		
if any*			
Distinctive Nos.	From: 01	To:** 868265	

* Reason for difference of Shares, if applicable:	
A-B:	

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

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

6. Shareholding pattern

As on 01.12.2023

	No. of	No. of	Percentage
	shareholders	shares held	
Promoters'	2	400000	46.07
holdings			
Non	1	468265	53.93
promoters'			
holdings			
Total	3	868265	100%

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

1 (one)

8. For Issue of CFI Codes:

Please Provide separate Voting Rights details for:

Voting I	Paymen (Put √ appro bo	at the priate	No. of shares	Particul ars	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			
					V	868265	EQUITY SHARES	10/-

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: KOLKATA

Signature of authorised signatory

Date: 01.12.2023

Name: VINAY MURARKA

Designation: DIRECTOR

Instructions:

- 1. Please ensure to submit all particulars.
- 2. Please tick $\sqrt{\text{wherever applicable}}$
- 3. Write N.A. wherever not applicable.
- 4. Add annexures if required.