

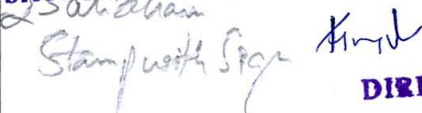


ANNEXURE 1


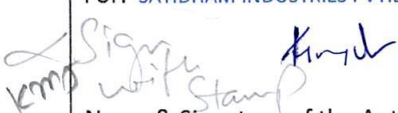
Details of Related Person (Minimum 2)

(Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees)

APPLICANT NAME		Satidham Industries Pvt. Ltd.		PAN	AAACS7363P
PAN*	AABPJ19801F	Date of Birth*	05/01/1942		
Name*	Sarla Devi Madhusudan Thunjhunwala				
Maiden Name* (if any)	—				
Father /Spouse Name*	Shivprasad Vaid				
Nationality*	Indian	Gender*	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender		
Mobile Number	9820037105	PEP STATUS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Email ID	SMJ@Sarlafibers.com		Signature		
Related Person Type*: <input type="checkbox"/> Director -DIN <input type="checkbox"/> Promoter <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others (Please Specify)					
Proof of Identity (POI) * <input checked="" type="checkbox"/> Aadhaar Card (only last 4 Digits) <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving license <input type="checkbox"/> NPR <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (Any document notified by Central Government)				Identification number* XXXX-XXXX-5420	Expiry Date (if Any)
Permanent Address* 28 Sheela Apartments, Bhulabhai Desai Road, Near Mahalaxmi Temple, Cumballa Hill, Mumbai District* Mumbai State* Maharashtra Country* India Pin code* 400026 <input type="checkbox"/> Residential/Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified					
Doc submitted as POA* <input checked="" type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others				Document number* XXXX-XXXX-5420	Expiry Date (if Any)
Correspondence Address* If different from above / Overseas Address* (Mandatory for NRI Applicant) <input checked="" type="checkbox"/> Same As Permanent Address District* State* Country* Pin code* <input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified					
Doc submitted as POA* <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> NPR Letter <input type="checkbox"/> Others				Document number* 	Expiry Date (if Any)
DECLARATION I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only					
For: SATIDHAM INDUSTRIES PVT. LTD.  DIRECTOR Name & Signature of the Authorised Signatory (With stamp) Date: 05/05/2025 Place: Mumbai				Seal/Stamp of the NUVAMA Date: Place:	

ANNEXURE 1

Details of Related Person (Minimum 2) (Whole Time Directors & Authorised Signatories, Partners, Karta, Trustees) AAACS 7363 P

APPLICANT NAME		SATIDHAM INDUSTRIES PVT.LTD.		PAN	
PAN*	AABPJ1994R	Date of Birth*	15-02-1962		
Name*	KRISHNA MADHUSUDAN JHUNJHUNWALA				
Maiden Name (if any)	—				
Father /Spouse Name*	MADHUSUDAN JHUNJHUNWALA				
Nationality*	INDIAN	Gender*	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Mobile Number	9820020856	PEP STATUS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Email ID	MSJHUF@SARLAFIBERS.COM	Signature			
Related Person Type* <i>Counter Sign</i> <input checked="" type="checkbox"/> Director-DIN <i>Only sign</i> <input type="checkbox"/> Promoter <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Karta <input type="checkbox"/> Trustee <input type="checkbox"/> Court Appointed Official Proprietor <input type="checkbox"/> Power of Attorney Holder <input type="checkbox"/> Others (Please Specify) <i>Kmp</i>					
Proof of Identity (POI)*				Identification number*	Expiry Date (if Any)
<input checked="" type="checkbox"/> Aadhaar Card (only last 4 Digits) <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Driving license <input type="checkbox"/> NPR Letter <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others (Any document notified by Central Government)				XXXX-XXXX-0851	
Permanent Address*					
FLAT NO 28, SHEELA APARTMENT BHULABHAI DESAI ROAD MAHALAXMI TEMPLE CUMBALLA HILL					
City/Town/Village* MUMBAI District* MUMBAI State* MAHARASHTRA Country* INDIA Pin code* 400026					
<input type="checkbox"/> Residential/Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified					
Doc submitted as POA*				Document number*	Expiry Date (if Any)
<input checked="" type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving license <input type="checkbox"/> NPR Letter <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others				XXXX-XXXX-0851	
Correspondence Address*					
SAME AS ABOVE					
City/Town/Village* District* State* Country* Pin code*					
<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified					
Doc submitted as POA*				Document number*	Expiry Date (if Any)
<input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Driving license <input type="checkbox"/> NPR Letter <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Others					
DECLARATION					
<p>I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.</p> <p>I hereby consent to receive information from Central KYC and/or KRA registry through SMS/Email on above registered number/email address. I am also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I hereby consent to sharing my masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only</p>					
For SATIDHAM INDUSTRIES PVT. LTD. For: SATIDHAM INDUSTRIES PVT.LTD.  DIRECTOR Name & Signature of the Authorised Signatory (With stamp) Date: 05/05/2025 Place: Mumbai				Seal/Stamp of the NUVAMA Date: Place:	

Hindustan Cotton Co.

EXPORTERS, IMPORTERS, COTTON & YARN MERCHANTS, MUCCADAMS & COMMISSION AGENTS--

Shareholding pattern of M/s. HINDUSTAN COTTON COMPANY

Sr. no	Name	Shareholding %
1	SARLADEVI MADHUSUDAN JHUNJHUNWALA	25 %
2	KANAV KRISHNA JHUNJHUNWALA	45 %
3	MADHUSUDAN JHUNJHUNWALA AND SONS HUF	30%
Total		100%

For and on behalf of,
(HINDUSTAN COTTON COMPANY)

For HINDUSTAN COTTON CO

X Kanav Jhunjhunwala

PARTNER

Authorized Signatory

X
For HINDUSTAN COTTON CO

S. m. Tm Tm wala

PARTNER

For HINDUSTAN COTTON CO
MADHUSUDAN JHUNJHUNWALA & S. HUF

X Kanav Jhunjhunwala

PARTNER

OFFICE: 304, ARCADIA, 195, NARIMAN POINT, MUMBAI - 400 021.

PHONES: 2283 4116, 2283 4420, 66324038, 32914534 • FAX NO.: (91-22) 2285 1728 •

E-MAIL: info@sarlafibers.com