

CIN: L24231MH1992PLC323914

(Formerly known as Generic Pharmasec Limited)

- Office No. 104 & 105 (1st Floor), Gundecha Industrial Premises Co-Operative Society Ltd., Akurli Road, Kandivali (East), Mumbai, Maharashtra, 400101
- +91-86555 50242
- compliance@genpharmasec.com info@genpharmasec.com
- www.genpharmasec.com

Date: July 20, 2023

**BSE Limited** Compliance Department of Corporate Services, Phiroze Jeejeebhoy Towers,

Dalal Street, Mumbai - 400 001.

BSE Scrip Code: 531592

Submission of Reconciliation of share capital audit Report for the Quarter ended June 30, 2023.

We are enclosing herewith the Reconciliation of Share Capital Audit Report pursuant to Regulation 76 of SEBI (Depositories and Participants) Regulation 2018, for the quarter ended June 30, 2023 issued by Practicing Company Secretary Mr. Jaymin Modi proprietor of M/s Jaymin Modi & Co.

Request you to take the same on your record.

For, GENPHARMASEC LIMITED

HETA Digitally signed by HETA DEEPAK SHAH

Date: 2023.07.20 11:27:21 +05'30' SHAH

(Company Secretary and Compliance Officer)

M. No.: A69749

Encl: As Above

To,
The Board of Directors,

## GENPHARMASEC LIMITED

(Formerly known as Generic Pharmasec Limited)

Office No. 104 & 105 1st Floor Gundecha Industrial Premises Co-op Soc. Ltd. Akurli Road Kandivali East, Mumbai – 400101.

## RECONCILIATION OF SHARE CAPITAL AUDIT REPORT

| 1. | For Quarter Ended                                                            | 30th June, 2023                                                                                                                  |                              |      |
|----|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|------|
| 2. | ISIN                                                                         | INE861N01036                                                                                                                     |                              |      |
| 3. | Face Value                                                                   | Re. 1/-                                                                                                                          |                              |      |
| 4. | Name of the Company                                                          | GENPHARMASEC                                                                                                                     | LIMITED                      |      |
| 5. | Registered Office Address                                                    | Office No. 104 & 105 1st Floor<br>Gundecha Industrial Premises Co-op<br>Soc. Ltd. Akurli Road Kandivali East<br>Mumbai – 400101. |                              |      |
| 6. | Correspondence Address                                                       | Same as above                                                                                                                    |                              |      |
| 7. | Telephone & Fax Nos.                                                         | Mob. No.: +91-8655550242                                                                                                         |                              |      |
| 8. | Email address                                                                | compliance@genpharmasec.com                                                                                                      |                              |      |
| 9. | Names of the Stock Exchanges<br>where the company's securities is<br>listed: | BSE Limited                                                                                                                      |                              |      |
|    |                                                                              | Number of Shares                                                                                                                 | % of Total issued<br>Capital |      |
| 10 | Issued Capital                                                               | 27,68,59,850                                                                                                                     | 100%                         |      |
| 11 | Listed Capital (Exchange-wise) (as per company records)                      | Issued Capital as mentioned above is listed on BSE Limited                                                                       |                              |      |
| 12 | Held in dematerialised form in CDSL                                          | 8,67,38,054                                                                                                                      | 31.33%                       |      |
| 13 | Held in dematerialised form in NSDL                                          | 18,94,72,486                                                                                                                     | 68.44%                       |      |
| 14 | Physical                                                                     | 6,49,310                                                                                                                         | 0.23%                        | lw " |
| 15 | Total No. of shares (12+13+14)                                               | 27,68,59,850                                                                                                                     | 100%                         | 1    |

| 16            | Reasons for difference if any, between (10&11), (10&15), (11&15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                              | N/                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     |                               |     |                            |                                              |           |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------|-----|----------------------------|----------------------------------------------|-----------|
| 17            | Certifying the details of changes in share capital during the quarter under consideration as per Table below: NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                               |     |                            |                                              |           |
| Parti<br>s*** | cular                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No. of<br>shares       | Applie<br>Not Ap<br>for list | plied             | Liste<br>on S<br>Exch<br>es<br>(Spec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tock<br>ang<br>cify | Whet<br>intin<br>d to<br>CDSI | ate | Whether intimate d to NSDL | In-pri<br>appr.<br>pendi<br>for SE<br>(Speci | ng<br>ify |
| N.A           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N.A                    | N.A                          |                   | N.A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | N.A                           |     | N.A                        | N.A                                          |           |
|               | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Rights, Boack, Capital |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                               |     | lgamation,<br>ify).        | Conver                                       | sion      |
| 18            | Register of Members is updated (Yes / No) If not, updated upto which date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0)                  |                               | Yes |                            |                                              |           |
| 19            | Reference of previous quarter with regards to excess dematerialised shares, if any.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                               |     |                            |                                              |           |
| 20            | Has the company resolved the matter in point no.19 above in the current quart reason why?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                        |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | N.A.                          |     |                            |                                              |           |
| 21            | Mentioned the total no. of requests, if any, confirmed after 21 days and the total no. of requests pending beyond 21 days with the reasons for delay:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        |                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                               |     |                            |                                              |           |
|               | The second secon |                        |                              | The second second | The state of the s |                     | o. of Rea                     |     | easons for delay           |                                              |           |
|               | Confirmed after 21 days Pending for more than 21 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                        | NIL<br>NIL                   |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 NA<br>0 NA        |                               |     |                            |                                              |           |
| 22            | Name, Telephone & Fax No. of the<br>Compliance Officer of the Co.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                              |                   | Ms. Heta Shah<br>Membership No: A69749<br>Contact No: 8655550242                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                               |     |                            |                                              |           |
| 23            | Name, Address, Tel. & Fax No., Regn.<br>no. of the Auditor/ Practicing<br>Company Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                              | n.                | Mr. Jaymin Modi C.P. 16948 (Practicing Company Secretary) A-302, Om Mahavir CHSL, Navghar cross SV Road, Bhayandar (E), Thane- 401105. Contact No.: 9892218060                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                     |                               |     |                            | ne-                                          |           |

SECRETAR

| 24 | Appointment of common agency for share registry work, if yes (name & address)                                                 | Satellite Corporate Services Pvt Ltd<br>A 106 & 107, Dattani Plaza, East West<br>Compound, Andheri Kurla Road, Safed<br>Pool Sakinaka, Mumbai - 400072.<br>SEBI Registration No: INR000003639<br>Tel: 022 - 28520461<br>Fax: 022 -28511809<br>Email:info@satellitecorporate.com |  |  |  |  |
|----|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 25 | Any other detail that the auditor may like to provide. (e.g., BIFR company, delisting from SE, company changed its name etc.) | N.A.                                                                                                                                                                                                                                                                            |  |  |  |  |

FOR, JAYMIN MODI & CO. COMPANY SECRETARIES

CS JAYMIN MODI

M. NO.: 44248 COP NO.: 16948 PRC: 2146/2022

UDIN: A044248E000630845

PLACE: MUMBAI DATE: 18.07.2023