

HISAR METAL INDUSTRIES LIMITED

Regd. Off & Works: Near Industrial Development Colony, Hisar-125005 (HRY)
Phone: 01662-220067,220367,220738 Fax 01662-220265
Email :info@hisarmetal.com, Web www.hisarmetal.com
CIN No: L74899HR1990PLC030937

09-01-2019

Corporate Relationship Department
Bombay Stock Exchange
Phiroze Jeejeebhoy Towers
Dalal Street
Mumbai - 400 001
Scrip Code: 590018
(Permitted Security/BSE indonext)

Corporate Listing Department
National Stock Exchange of India Limited
Exchange Plaza, 5th Floor
Plot No. C-1, G Block
Bandra Kurla Complex, Bandra East
Mumbai – 400051
Scrip Code: HISARMETAL

SUB:-Certificate under Regulation 54(5) for the quarter ended on 31st December, 2018

In compliance with regulations 54(5) of SEBI (Depositories and Participants) Regulations, 1996, We enclose herewith a copy of the certificate for the quarter ended December 31, 2018 as received from M/s Skyline Financial Services Pvt. Ltd., the Registrar and Share Transfer Agent of the company

This is for your kind information and records.

Warm Regards

For Hisar Metal Industries Limited



(Vishesh Kumar Chugh)
Company Secretary & Compliance Officer

Monday January 07, 2019

THE MANAGING DIRECTOR
NATIONAL SECURITIES DEPOSITORY LIMITD
TRADE WORLD, 4TH FLOOR,
KAMALA MILLS COMPOUND,
SENAPATI BAPAT MARG,
LOWER PAREL,
MUMBAI- 400013

Dear Sir,

Certificate under Regulation 54 (5) of the SEBI (Depositories and Participants) Regulations, 1996 for the quarter ended 31/12/2018

This is to certify that the details of the securities dematerialized and rematerialized for all companies registered with us during the period mentioned above as required by Regulation 54 (5) of the SEBI (Depositories and Participants) Regulation 1996 have been furnished to all Stock Exchanges where the shares of the companies are listed.

Thanking you,

For Skyline Financial Services Pvt. Limited


Vijay Kumar
(Authorized Signatory)



Monday January 07, 2019

THE MANAGING DIRECTOR
CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED
MARATHON FUTUREX, UNIT NO.2501
25TH FLOOR, A-WING MAFATLAL MILLS COMPOUND
N. M. JOSHI MARG
LOWER PAREL (EAST)
MUMBAI - 400 013
TELEPHONE NO.022-23023333

Dear Sir,

Certificate under Regulation 54 (5) of the SEBI (Depositories and Participants) Regulations, 1996 for the quarter ended 31/12/2018

This is to certify that the details of the securities dematerialized and rematerialized for all companies registered with us during the period mentioned above as required by Regulation 54 (5) of the SEBI (Depositories and Participants) Regulation 1996 have been furnished to all Stock Exchanges where the shares of the companies are listed.

Thanking you,

For Skyline Financial Services Pvt. Limited


Vijay Kumar
(Authorized Signatory)



S Customer Code 2 7 5 6 2 3
H Company SKYLINE FINANCIAL
I Sender _____
P Address D-153/A, 1ST FLOOR
P City OKHLA INDUSTRIAL AREA
E Tel. NEW DELHI Pin 110020
R E-mail 64732681

C Consignee Code _____
O Company CENTRAL Depository
N Attn. _____
S Address _____
I City Gurgaon Pin 122006
G Tel. _____ Mob. _____
N E-mail : _____



DOMESTIC PRIORITY			
ORG	SC	DST	SC
DEA/MOC	P/U	W/I	
DOX-01 Non DOX-02			
Dim (Cms)		x	x
Dim.Wt(kg) :			
Act.Wt.(kg) :			
Amount : <u>0.5</u>			
Insurance :			
Others :			
Total :			

I hereby agree to the terms and conditions set forth on the reverse of this (Shipper's) copy of this non-negotiable waybill and warrant that the information contained on this waybill is true and correct.

This shipment does not contain any cash or equivalent. If consignee fails to make any such payment(s) BDE shall be entitled to recover the same from the Shipper. Freight charge and GST shall be paid by the Shipper. Stamp duty if leviable on the waybill shall be borne by the Shipper exclusively.

Shipper's Signature _____

NAME _____
P/U _____
Date _____ **Time** _____
Ship _____ **P/U** _____
Date _____ **Emp #** 10698
Sign _____
Name _____
Priority _____ **PUR #** _____
GST No. _____

Description	Comm. Value of Consignment	Code	INSURANCE
<u>02</u>		<u>099</u>	The Shipper has stated that : <input type="checkbox"/> He has not insured the Consignment <input type="checkbox"/> He has insured the Consignment
1 5 6 4 1 2 2 0 6 9 6			

PLEASE QUOTE THE ABOVE NUMBER IN FUTURE CORRESPONDENCE

In case this consignment contains anything of value, the company recommends insurance of the same. The company's liability on this shipment is limited to Rs. 5,000/- or cost of reconstruction whichever is lower.

FOC Code _____ **Cash** (1) **BCN/Credit** (2) **BTP** (4) **Code** _____
Cr. Card (3)
BCN BTP No. _____
Del. Date _____ **Time** _____
Del. Emp # _____ **Sign** _____
Name _____

Cash Memo # _____
 Any Customs, GST, duties, taxes as may be applicable on this shipment will be paid by the Consignee at the time of delivery of the shipment. BDE reserves the right of lien on any shipment till all its dues are paid in full in respect of Freight, Customs, GST, Taxes and other charges.
Special Instructions 135084

SUB PRODUCT CODE _____

SHIPPER'S COPY

Track @www.bluedart.com OR call us @ 1860-233-1234

NOVEMBER-2016, ALPHA

NOVEMBER-2011 ALPHA

S H I P P E R

Customer Code 2 7 5 6 2 3

Company SKYLINE FINANCIAL

Sender _____

Address D-153/A, 1ST FLOOR

OKHLA INDUSTRIAL A

City _____ Pin _____

Tel. _____ Mob. _____

E-mail : _____

C O N S I G N E E

Consignee Code _____

Company NATIONAL SECURITE

Attn. _____

Address _____

City Ban Pin 4 1 1 3

Tel. _____ Mob. _____

E-mail : _____



DOMESTIC PRIORITY

ORG	SC	DST	SC
-----	----	-----	----

No. of Pkgs. 1

P/U _____ W/I _____

DOX-01 Non DOX-02

DE Cms MOC x _____ x _____

Dim.Wt(kg) : _____

Act.Wt(kg) : 0.5

Amount : _____

Insurance : _____

Others : _____

Total : _____

I hereby agree to the terms and conditions set forth on the reverse of this (Shipper's Copy) waybill and warrant that the information provided on this waybill is true and correct.

NEW DELHI

04732681

This shipment does not contain any cash or equivalent.

If consignee fails to make any such payment(s) BDE shall be entitled to recover the same from the Shipper. Freight charge and GST shall be paid by the Shipper. Stamp duty if leviable on the waybill shall be borne by the Shipper exclusively.

Shipper's Signature _____

NAME 07/01

P/U _____

Date _____ Time _____

Ship P/U _____

Date _____ Emp 106984

Sign _____

Name _____

Priority _____ PUR # _____

GST No. _____

Description	Comm. Value of Consignment	Code	INSURANCE
<u>110020</u> <u>DE</u>		<u>099</u>	The Shipper has stated that : <input type="checkbox"/> He has not insured the Consignment <input type="checkbox"/> He has insured the Consignment
1 5 6 4 1 2 2 0 7 0 0			

PLEASE QUOTE THE ABOVE NUMBER IN FUTURE CORRESPONDENCE

"In case this consignment contains anything of value, the company recommends insurance of the same. The company's liability on this shipment is limited to Rs. 5,000/- or cost of reconstruction whichever is lower."

FOC Code Cash (1) BCN/ Credit (2) BTP (4) Cr. Card (3) Code _____

Cash Memo # _____

BCN BTP No _____

Del. Date _____ Time _____

Del. Emp # _____ Sign _____

Name _____

Insurance Policy No. _____

Amount _____

Insurance Company _____

GST (Rs.) _____

Special Instructions 135083

Any Customs, GST, duties, taxes as may be applicable on this shipment will be paid by the Consignee at the time of delivery of the shipment. BDE reserves the right of lien on any shipment till all its dues are paid in full in respect of Freight, Customs, GST, Taxes and other charges.

SUB PRODUCT CODE

SHIPPER'S COPY

Track @www.bluedart.com OR call us @ 1860-233-1234