APOLLO HOSPITALS ENTERPRISE LIMITED



CIN: L85110TN1979PLC008035

BY E-MAIL

Ref. No. AHEL/SEC/DUP/294/2024-25

5th July 2024

BSE Limited P. J. Towers, Dalal Street, Mumbai 400 001. National Stock Exchange of India Ltd, Exchange Plaza, 5th Floor, Plot No. C/1, Bandra-Kurla Complex, Bandra (East) Mumbai – 400 051.

Scrip Code: 508869

Symbol: APOLLOHOSP

Kind Attn: - Sr. General Manager

DCS - Listing Department

Kind Attn: - Head - Listing

Dear Sir,

Sub: <u>Intimation in terms of Regulation 39(3) of the SEBI (LODR) Regulations, 2015</u> (Regulations) regarding loss of share certificate.

This is to inform you that the Company has received intimations from shareholders on July 5, 2024 regarding loss of share certificates. In accordance with Regulation 39(3) of the Regulations, the details of the said share certificates are as given below:

Folio No.	Name of the Shareholder(s)	No of equity shares held	Share Certificate No.	Distinctive Nos.
1707	Deepa Kulkarni	50	351708	4245665 to 4245714
6800	Rajender Ch	250	356802	6793321 to 6793570
9497	Sumithra V	650	359500	7948451 to 7949100

This is for your information.

Thanking you,

Yours faithfully

For APOLLO HOSPITALS ENTERPRISE LIMITED,

P. BALACHANDAR

ASSISTANT MANAGER - SECRETARIAL

IS/ISO 9001: 2000

Tel : 044 - 2829 0956 / 3896 / 6681 Telefax : 044 - 2829 0956

Email: investor.relations@apollohospitals.com

Website: www.apollohospitals.com

REQUEST LETTER

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Post	lisjanaone Thombocottalle THAMBERA HAUI	
Viy	ale radas	
	grated Registry Management Services Private Limited, aces Towers", 2™ Floor, No.1 Ramakrishna Street, T Nag	ar, Chennai – 600017
Unit	Apollo Hornitas Enlippinse Limited	
Ref	: Folio No / Dpid Clid: <u>শেও</u> ্	
Natu	re of Request:	
2) (3) (4) (5) (10) (11) (12) (Requ	Non-receipt of Dividend / Interest / Redemption Al Revalidation of Dividend / Interest / Redemption Al Procedure for Issue of Duplicate Share Certificate Procedure for Transmission Procedure for Correction / Change in Name Form ISR-1 (7) Form ISR-2 (8) For Non-receipt of Annual Report IEPF -5 Others(pl specify) est you to update your records / reply to me at the earli	mount m SH-13 (9) Form ISR-3
	struly	05 iiii 200
	There .	05 班 2024 RECEIVED
(Shar	eholder / Claimant)	Inward LR.No
Encl:	Dividend / Interest / Redemption Warrant No. LOU for Dividend / Interest / Redemption Share Certificate No(s). Form ISR-1 Form ISR-2 Form SH-13 (Death Certificate Legal heir-ship Certificate Cancelled Cheque leaf Others(pl specify)	
		eived, subject to verification Management Services Private Limited
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From Date: 30-06-2024

RAJENDER CHINTHALA MBBS DCH PH.D. Siddipet 502103 Telangana State 9441114036 drrmia@gmail.com

To

PUGAZHENTHI C,

Integrated Registry Management Services Private Limited 2nd Floor. "Kences Towers" No.1 Rama Krishna Street, North Usman Road T Nager, Chennai – 600 017.

Dear Sir,

Sub: Request for Duplicate Share Certificates
Folio No: 6800 / RO5326/1203810000029085 of 250 shares.

Sir I lost my original certificate reference to above folio number mentioned, I request you to issue a Duplicate Share Certificate of 250 shares.

In my original certificate my address mentioned as RAJENDER CH C/O KAMARAPU KOTAIAH H.NO. 2-3-134 NEAR KAMAN KARIMNAGAR AP 505001. And Account mentioned in the original certificate STATE BANK OF HYDERABAD SIDDIPET BRANCH MEDAK DIST 502103 A/c 62009106905. Since the State Bank of Hyderabad as merged in to State Bank of India. The new account number corresponding to the old account number is STATE BANK OF INDIA SIDDIPET BRANCH 502103 TELANGANA A/c 62009106905. Receiving dividend regularly (My Ac.No 399010034962 Kotak Bank, Siddipet Branch)

Enclosed FIR/acknowledged copy of Police Complaint regarding lost Certificates from Police authorities.

I also request to check my name as RAIENDER CHINTHALA as in all my documents such as Aadhar card, Pan card this name is mentioned

Since I am living at SIDDIPET — TELANGANA, I request you to mention my present address as Dr.chinthala Rajender, Ashwini Hospital 8-4-3 Siddipet 502104 Telangana State.

Am sorry to inform that I have not D.matted my Equity Shares , if possible D.matt them to the following D.mat account at Kotak bank Demat A/c 37053052, DPID-IN300214& DP Name: Kotak Securitis

Sir lam at 66yrs old pediatrician and Medico Legal Advisor to Indian Medical Association (IMA) since 1999 I give Guest Lectures on 'Medical Law & Ethics' to IMA Doctors for Quality & Safe practice and recently to our Apollo Hospital at Hyderabad Branch. I like Apollo Hospitals for Quality Education & Medicare to achieve Health for All.

I will be grateful to you for your co-operation in this regard sir. Thanking you Dear Sir.

Your Sincerely

Dr.Rajender Chinthala

Ch. Rogarder

APOLLO HOSPITALS
Secretarial Department

05 JUL 2024

RECEIVED Inward LR.No.....

Date: 3 7 2024

From V. Şumithra 86 Devaraja Mudali Street Gennai 608903

To
M/s. Integrated Enterprises (India) Limited
(Unit Apollo Hospital Enterprises Ltd)
2nd Floor, Kences Towers
1, Ramakrishna Street
North Usman Road, T.Nagar CHENNAI - 600017

Dear Sir/Madam,

Request for Replacement of Misplaced Physical Share Certificate

I hope this letter finds you well. I am writing to Inform you that I have unfortunately misplaced my physical share certificate for 650 shares of Apollo Hospitals Enterprises Ltd., bearing folio number 9497

I understand the importance of keeping such documents secure, and I regret any inconvenience this may cause. Therefore, I kindly request your assistance in issuing a replacement share certificate as soon as possible.

To expedite the process, I have enclosed the necessary details and documentation required for the issuance of the replacement certificate:

* Name of Shareholder: Sumithra . V

* Address: 86. Devaraja Mudali Street, Chennai - 600003.

* Contact Number: 9884226662

* Email Address: vummidiuk999@gmail.com

* Number of Shares: 650 * Foilo Number: 9497

Please let me know if there are any additional steps or information needed from my end to facilitate the issuance of the replacement certificate.

I understand that there may be administrative procedures and fees associated with this request, and I am prepared to comply with them promptly.

I appreciate your prompt attention to this matter and thank you in advance for your assistance. Should you require any further information, please do not hesitate to contact me at the provided contact details. Thank you for your cooperation.

Sincerely,



V. SUMITHRA

APOLLO HOSPITALS
Secretarial Department

0.5 JUL 2024

RECEIVED