

APOLLO HOSPITALS ENTERPRISE LIMITED

CIN : L85110TN1979PLC008035



BY E-MAIL

Ref. No. AH/SEC/DUP/273/2023-24

12th March 2024

BSE Limited
P. J. Towers,
Dalal Street,
Mumbai 400 001.
Scrip Code: 508869

National Stock Exchange of India Ltd,
Exchange Plaza, 5th Floor, Plot No. C/1,
Bandra-Kurla Complex, Bandra (East)
Mumbai - 400 051.
Symbol: APOLLOHOSP

Kind Attn: - Sr. General Manager
DCS - Listing Department

Kind Attn: - Head - Listing

Dear Sir,

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

This is to inform you that the Company has received intimations from shareholders on March 12, 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.
2122	Gangadhara Rao T G Narendra Kumar	74	352123	4484361 to 4484434
8674	Shravage C T Dr J C Shravage	600	358677	7539011 to 7539610

This is for your information.

Thanking you,

Yours faithfully
For APOLLO HOSPITALS ENTERPRISE LIMITED.

P. BALACHANDAR
ASSISTANT MANAGER - SECRETARIAL

IS/ISO 9001 : 2000

Regd. Office :
19, Bishop Gardens,
Raja Annamalaipuram,
Chennai - 600 028.

General Office :
"Ali Towers" III Floor,
#55, Greams Road,
Chennai - 600 006.

Tel : 044 - 2829 0956 / 3896 / 6681
Telefax : 044 - 2829 0956
Email : investor.relations@apollohospitals.com
Website : www.apollohospitals.com

Machilipatnam:
Dt 28/02/24

From:

T. GANGADHARA RAO

7/514, TURLAPATI VARI STREET

GODUGUPET,

MACHILIPATNAM - 521 001

G. Nageswara Kumar

To:

Apollo
APOLLO HOSPITALS ENTERPRISE LIMITED

Regd office No: 19; Bishop Gardens;
Raja Annamalaipuram, Chennai - 600028.

Dear Sir,

Sub : Request for New Share Certificates and Fulfilment of KYC Norms

I'm enclosing herewith _____ shares of _____ for exchange of new company share certificates as the name is changed to _____

I'm enclosing herewith _____ shares of _____ for exchange of new share certificate as the face value of the shares is changed from Rs _____ to Rs _____

I'm enclosing herewith _____ shares of _____ as the company is merged / amalgamated with the new company namely _____

I'm enclosing KYC & Nomination details (ISR 1 & 2, nomination, cancelled cheque) of _____ 74 shares of APOLLO HOSPITALS ENTERPRISE LIMITED.

The details of the shares enclosed are given below PHOTO COPY

Folio Number	Certificate Numbers	Distinctive numbers	No of shares
2122	352123	4484361-4484434	74 shares

I'm also enclosing herewith KYC and Nomination forms - ISR 1 & 2, Nomination form and blank cancelled cheque for fulfillment of KYC norms

APOLLO HOSPITALS
Secretarial Department
12 MAR 2024
RECEIVED
Inward LR.No.....

Date: 07/03/2024

From:

DR. C T SHRAVAGE
NO.59/1369, TIRUMALA,
JADHAV NAGAR,
BELGAUM-590016.

To, INTEGRATED REGISTRY MANAGEMENT SERVICES PVT LTD,
(UNIT: APOLLO HOSPITALS ENTERPRISE LTD)
ADDRESS: T NAGAR CHENNAI.

Dear Sir,

Sub: **LOSS OF PHYSICAL SHARE CERTIFICATE**

I hereby inform you that 600 equity shares of APOLLO HOSPITALS ENTERPRISE LTD, as per details given below, are held in the joint name of SHRAVAGE C T & Late. DR. J C SHRAVAGE.

FOLIO NO.	No. of SHARES	CERTIFICATE NOS.	DIST NOS.
8674	600	358677	7539011-7539610

Second holder expired on 05/12/2019.

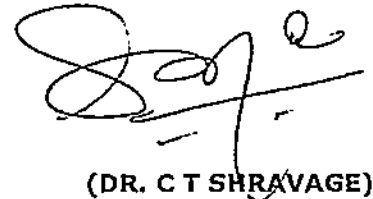
Kindly provide the procedure for loss of physical share certificate on given below my email id.

Email id: DRCTSHRAVAGE@GMAIL.COM

Mobile No:9448134810

ENCLOSURES:-

1. Pan and Aadhar card copy of shareholder
2. Cancelled cheque leaf
3. Death certificate of second holder
4. Form ISR-1, ISR-2, Form No.SH-13


(DR. C T SHRAVAGE)

APOLLO HOSPITALS
Secretarial Department
12 MAR 2024
RECEIVED
Inward LR.No.....