

APOLLO HOSPITALS ENTERPRISE LIMITED

CIN : L85110TN1979PLC008035



BY E-MAIL

Ref. No. AHXL/SEC/DUP/148/2022-23

13th May 2022

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.

**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 intimation from shareholder on May 13, 2022 regarding loss of share certificate. 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.
8067	Saraswathy D	200	358069	7316085 to 7316284

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, Greaves Road,
Chennai - 600 006.

Tel : 044 - 28290956 / 3896 / 6681
Telefax : 044 - 2829 0956
Email : investor.relations@apollohospitals.com
Website: www.apollohospitals.com

TAMILNADU POLICE

CCTNS - Citizen Portal

Online Acknowledgement

Reference Number : CAD22071122 Date of Complaint : 26-04-2022
Date of Occurrence : 09-06-2020
Subject : Document Missing

Complainant Name : D PRABAKAR
Complainant Address : 115 MALAYANDI STREET, NAMAKKAL - 637001
Phone Number(s) : 9443826045
Email Id : prabakordharmarajan@gmail.com

To know the status visit : <http://eservices.tnpolice.gov.in>

Report taken on: 26-04-2022 10:19 pm

BACK

COMPLAINT REGISTRATION FORM

Points to Remember

You can use this form to register your complaints.
False complaints are subject to prosecution under IPC.
Fields given in Red Color are Mandatory.

District: **NAMAKKAL**

Details of Complainant

Name: **D PRABAKAR**

Gender: **MALE**

Date of Birth: **20/05/1964**

Address: **11/S MALAIYANDI STREET, NAMAKKAL - 637001**

Details of Complaint

Subject: **DOCUMENT MISSING (ஆவணம் காணவில்லை)**

Date of Occurrence: **09/05/2020**

Place Of Occurrence: **NAMAKKAL**

Mobile No.: **9443626045**

E-Mail ID: **prabakardhanmarajan@gmail.com**

Want to attach documents [Max. 500KB (PDF,PNG,JPEG) files allowed] Yes No

APOLLO HOSPITALS ENTERPRISE LIMITED			
FOLIO, CERTIF NO, DISTINCTIVE NOS. COUNT			
8067	358069	7316065-7316284	200

Security Code: **228374**