

APOLLO HOSPITALS ENTERPRISE LIMITED

CIN : L85110TN1979PLC008035



BY E-MAIL

Ref. No. AHXL/SEC/DUP/187/2022-23

18th January 2023

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 shareholders on January 18, 2023 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.
296	Amit Kumar Ray Puspita Roy	50	350296	3563843 to 3563892
1480	Chaturvedi A	4420	351480	4133087 to 4137506

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

Dr. Amit Kumar Ray

MD (Gen. Med), Dip Card, Member Acc,
FEAC, Professional ESC Member
Mobile: 9830075845
E-mail : amit_drapex199@yahoo.co.in

Residence :

Apex Nursing Home
3B, Shyam Square East
Kolkata - 700003
Monday - Saturday 7:30pm-9:30pm
Contact : 2533 3254 / 2555 6161

2A, Lansdowne Road,
2nd Floor (2C), South Block
Kolkata - 700 020
Ph : 2476 4709

To

12.01.2023

Integrated Registry Management Services
Private Limited

Sub: Duplicate Shares folio 296
Apollo Hospitals

Sir,

Resubby forwarding Indemnity, Affidavit
form SH-13, form ISR-4 as advised.
Along with DP client Master List and
Nominee Address xerox

Kindly issue confirmation letter for
demat duplicate shares.

Thank you

w Amit Ray
Amit Kumar Ray

w Puspita Roy
Puspita Roy

Apollo Gleneagles Hospital

58, Canal Circular Road,
Kolkata - 700 054
Ph : 2320 3040 / 2122

Peerless Hospital

City Diagnostic Centre
233, Chittaranjan Avenue Kolkata - 700 006
Mon, Wed, Fri : 10 A.M. - 12 NOON

AMRI Hospital

JC 16/17, Salt Lake City
Ph : 2335 7710, 2335 8596

Fortis Hospital

Anandapur
Tue-Fri : 4-6 P.M.
Ph : 6628 4444

Medica Hospital

Tuesday 4-6 P.M.

To,

Apollo hospitals Enterprise Ltd. (Secretarial Department)

Ali Towers, 3rd Floor, Chennai – 600 006

07/01/2023

Dear Sir,

I, Shashi Bala Chaturvedi, am here by applying for duplicate share certificate cum transmission of shares of Amulya Chaturvedi expired on 25/11/2018 at Varanasi (UP, India). The deceased was holding 4420 equity shares of the Apollo Hospitals Enterprise Ltd with following description:-

Folio No.	Share Certificate No	Distinctive No.	No. of Shares
1480	351480	4133087 to 4137506	4420

I am nominee of Registered Will / Probate Case Reference: 1554801415336006, High Court of Justice England and Wales, Liverpool District Probate Registry, The queen Elizabeth II Law Courts, Derby Square, Liverpool L2 1XA. My particulars are as under:-

Name	Age	Occupation	Address	Relation with deceased
Shashi Bala Chaturvedi	70	Retired	2, Hill Brow, Kirk Ella, Hull, HU10 7PP (UK)	Wife

I hereby submit the following documents in support of my claim for transmission of shares held by deceased:-

1. Form ISR-5
2. Copy of Death Certificate attested by Notary Public
3. Copy of Probate attested by Notary Public
4. Affidavit on 100/- Non Judicial stamp attested By Notary Public
5. ISR 1 for updation of address, PAN, Bank detail, Email ID and Mobile
6. ISR 2 duly filled in, signed and attested by the bankers
7. Self attested copy of PAN and address and proof
8. Attested copy of Bank statement
9. Nomination Form SH 13 duly filled and signed with nominee identity and address proof
10. Form ISR 4 duly filled in and signed along with CML of the claimant
11. Dividend warrant counterfoil on or before 2016 issued / bank passbook of the dividend warrant deposited in the account
12. Notorised copy of complaint registered with the Police Station
13. Indemnity Bond on Rs. 5000/- non judicial stamp paper
14. Copy of Public Notice advertisement in English and Hindi Daily

15. Letter of Indemnity to Apollo Hospitals Enterprise Ltd

16. Affidavit regarding legal heirs named in Probate

17. Affidavit declaration

18. Notorised copy of OCI and Passport

19. Self attested copy of PAN and address Proof – Driving Licence

I hereby request you to kindly transmit the above said securities in the name of deceased in my name and enter my name in Register of Members of the company.

Thanking you,

Your's Sincerely,

Shashi Bala Chaturvedi

(Shashi Bala Chaturvedi)

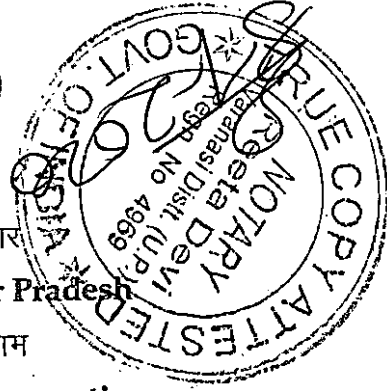
2, Hill Brow, Kirk Ella, HU10 7PP (UK)

②

क्रम संख्या:

26012018010059

S.No:



4

प्रपत्र सं. - 6

Form No. - 6



CRS LOGO

उत्तर प्रदेश सरकार

Government Of Uttar Pradesh

वाराणसी नगर निगम

Varanasi Municipal Corporation

(जन्म-मृत्यु रजिस्ट्रीकरण अधिनियम 1969 की धारा 12/17 एवं उत्तर प्रदेश जन्म मृत्यु रजिस्ट्रीकरण नियमावली 2003 के नियम 8 के अधीन जारी)

(Issued under the Section 12/17 of the Registration of Births and Deaths Act 1969 and under rule 8 of Uttar Pradesh, Registration of Births and Deaths Rules 2003)

(मृत्यु प्रमाण पत्र)

(Death Certificate)

प्रमाणित किया जाता है कि निम्नलिखित सूचना मृत्यु के मूल अभिलेख से ली गयी है जो (स्थानीय क्षेत्र) वाराणसी नगर निगम, राज्य उत्तर प्रदेश के रजिस्टर में अंकित है।

This is to certify that the following information has been taken from the original record of death which is in the register for Varanasi Municipal Corporation State U.P.

नाम	
Name	AMULYA CHATURVEDI
पिता/पति का नाम	
Name of Father/Husband	KAMESHWAR NATH CHATURVEDI
लिंग	
Sex	MALE
मृत्यु का दिनांक एवं स्थान	25/11/2018-C 27/170-14-15-B JAGATGANJ,
Date of Death & Place	VARANASI
पंजीकरण संख्या	
Registration No	26012018010059
पंजीकरण का दिनांक	
Date of Registration	29/11/2018
जारी दिनांक	
Issued Date	29/11/2018
स्थान/जिला	
Place/District	VARANASI

रजिस्ट्रार जन्म मृत्यु

Registrar Birth & Death

Digitally Signed by

MOHD SAMI

Signed on: 29/11/2018

Code: 2379435676136391083

Shashi Bala Chaturvedi

श्रीमान्

थानाधर्म महोदय

थाना -चेन्नगंज

वाराणसी

03/09/2022

महोदय

विषय: शेयर सर्टिफिकेट गिर जाने के सम्बन्ध में

मैत्री बहन श्रीमती शशीबाला चतुर्वेदी के शेयर सर्टिफिकेट (अपैली हास्पिटल इन्व प्रॉज लि०) जो मेरे यहां एके हुए थे कई बंश निकालते समय, के जाने के आते समय सोले में से कटी गिर गया है।

इस सम्बन्ध में मैंने आवश्यक सूचना स्थानीय समाचार पत्र के माध्यम से दे दिया है। यह आवश्यक है कि इसकी सूचना मैं आपको भी दे दूँ।
कृपया इस सूचना को अपने संज्ञान में लें।

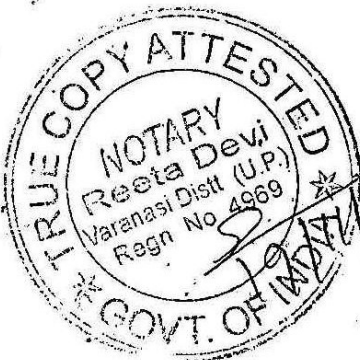
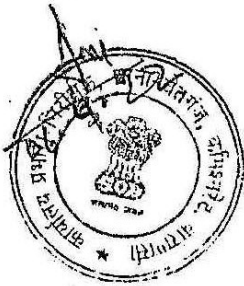
प्राथी

रवि कुमार टूबे

C-27/170-14-15 B

लाग्नगंज, वाराणसी

मो० 9415303816



ATTESTED
REETA DEVI, Advocate
NOTARY (GOVT. OF INDIA)
Varanasi District (U.P.)
Regn. No. 4969