

APOLLO HOSPITALS ENTERPRISE LIMITED

CIN : L85110TN1979PLC008035



BY E-MAIL

Ref. No. AH/SEC/DUP/185/2022-23

11th 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 11, 2022 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.
5562	Navinchandra M Desai Sushila N Desai	600	355563	6230917 to 6231516
2676	Hu I Yin	1000	352677	4728239 to 4729238

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 Annamalaiapuram,
Chennai - 600 028.

General Office :
"All 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

From,

Hu I Yin
W/o. Robert Mao,
603, Prince Residency,
20 Sterling Avenue,
Nungambakkam, Chennai – 600 034

Date: 9/1/23

To,

The Company Secretary,
Apollo Hospitals Enterprise Ltd
Ali Towers 3rd Floor, No.55, Greaves Road,
Chennai – 600 006

Dear Sir,

Sub : Issue of Duplicate Share Certificate

Ref: Folio No.2676 Certificate No.352677 Distinctive No.4728239-4729238 shares 1000

I am one of the share holder of Apollo Hospitals Enterprise Limited holding 1000 equity shares. I have above referred our share certificate lost, so I am writing this letter for issuing duplicate share certificate. I am enclosing following documents.

1. Indemnity Bond
2. Affidavit
3. Form ISR-1, ISR-2, ISR-4, SH-13
4. Attested Aadhar Card & PAN card
5. Tamil Nadu Police Complaint Registration
6. Paper Advertisement
7. Client Master List
8. Cancelled Cheque Leaf

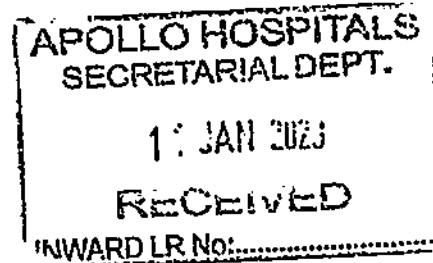
Please issue duplicate share certificate. Kindly do the needful at the earliest possible.

Thanking you

Yours faithfully



HU I YIN





CCTNS CITIZEN PORTAL - ONLINE COMPLAINT / INFORMATION ACKNOWLEDGEMENT

Complaint Reference Number : CCH23003633
Date of Complaint : 07-01-2023 11:56 am
Complainant Name : HU I YIN
Complaint To : CHENNAI - CCB
Subject : Document Missing
603 PRINCE RESIDENCY 20 STERLING
AVENUE NUNGAMBAKKAM CHENNAI -
Contact Information : 600034, Mobile No. 9841028691, Email-
id:iyinmao@gmail.com

UPLOADED DOCUMENTS

[Aadhar.pdf - 238.5KBB \(./page77-fileUploadcontainer-repeater-1-fileview-0-UploadImage\)](#)

[BACK](#)

[\(./page77-1.-form-printLink\)](#)

Tamil Nadu Police Department Corner

- [Officers Portal Login \(./Login\)](#)
- [Site Map \(./CitizenSiteMap\)](#)
- [Feedback \(./FeedbackCitizen\)](#)
- [Recruitment \(./Recruitment\)](#)
- [Important Sites \(./Links\)](#)
- [RTI Act \(./RtiAct\)](#)
- [Help \(./CitizenHelp\)](#)
- [Prevention Tips \(./PreventionTipsNew\)](#)
- [Crime Prevention Tips \(./PreventionTips\)](#)
- [Publications \(./CitizenPublication\)](#)



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.

City / District * <input type="text" value="CHENNAI CITY"/>	
District * <input type="text" value="KILPAUK"/>	
Details of Complainant	
Name	<input type="text" value="HU I YIN"/>
Gender	<input type="text" value="FEMALE"/>
Date of Birth	<input type="text" value="10/01/1992"/> <input type="button" value="📅"/>
Address	<input type="text" value="603 PRINCE RESIDENCY
20 STERLING AVENUE
NUMGAMBAKKAM
CHENNAI - 600034"/>
Mobile No.	<input type="text" value="9841028691"/>
E-Mail ID	<input type="text" value="iyinmao@gmail.com"/>
Details of Complaint	
Subject *	<input type="text" value="DOCUMENT MISSING (ஆவணம் காணவில்லை)"/>
Date of Occurrence	<input type="text" value="03/01/2023"/> <input type="button" value="📅"/>
Place Of Occurrence	<input type="text" value="NUNGAMBAKKAM - GREAMS ROAD"/>
Description	<input type="text" value="I MISPLACED THE MY APOLLO HOSPITALS SHARE CERTIFICATE (FOLIO NO.2676 SC NO.352677 DIST NO.4728239-4729238 SHARES 1000)"/>
Want to attach documents [Max. 500KB (PDF,PNG,JPEG) files allowed]	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
File Upload	<input type="button" value="Choose File"/> Yin Aadhar.pdf <input type="button" value="Upload!"/>
<small>Filename should not contain any special character and whitespace</small>	
Security Code	<input type="text" value="88750"/> <input type="text" value="88750"/> <input type="button" value="🔍"/> (/ComplainRegistrationPage?0-1-userForm-link&poc=NUNGAMBAKKAM+TO+GREAMS+ROAD&complaintname=HU+I+YIN)
<input type="button" value="Register"/> <input type="button" value="Clear"/>	
Note:	
1. This option is for reporting loss of documents for which FIR is needed to get the duplicate like Property documents, etc	
2. For reporting loss of documents which do not need FIR like Passport, RC, DL, School/College Certificates & ID cards, please use Lost Document Reporting facility.	

Tamil Nadu Police Department Corner

- Officers Portal Login (/Login)
- Site Map (/CitizenSiteMap)
- Feedback (/FeedbackCitizen)
- Recruitment (/Recruitment)
- Important Sites (/Links)
- RTI Act (/RTIAct)
- Help (/CitizenHelp)

रघाई लेखा संख्या /PERMANENT ACCOUNT NUMBER

ABGPH4356P

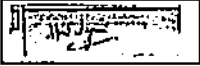


नाम /NAME
HUI YIN

पिता का नाम /FATHER'S NAME
HUI YIN POW

जन्म तिथि /DATE OF BIRTH
10-01-1962

हस्ताक्षर /SIGNATURE



Hui Yin

आयकर आयुक्त(सिस्टम), शिलांग

COMMISSIONER OF INCOME-TAX(SYSTEMS),SHILLONG

Hui Yin

इस कार्ड के खो / मिल जाने पर कृपया जारी करने
वाले प्राधिकारी को सूचित / वापस कर दें
आयकर आयुक्त(सिस्टम),
कम्प्यूटर केन्द्र, आयकर भवन,
पो.बॉ.सं. - 20,
शिलांग - 793 001.

In case this card is lost/found, kindly inform/return to
the issuing authority :
Commissioner of Income-tax(Systems),
Computer Centre, Anyakar Bhawan,
Post Box No. - 20,
Shillong - 793 001



தமிழ் அரசாங்கம்
Government of Tamil Nadu



ஹு யி யின்
Hu Yi Yin

பிறந்த நாள்/DOB: 10/01/1962
பாலினம் / Female



8331 4899 6111

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்
Government of India

முதல்: ஹு ராஜ் மோ
20 ஸ்டெர்லிங் அவேன்யூ
நங்காக்கம், சென்னை
சென்னை, தமிழ் நாடு, 600034

Address: W/O: Robert Mao,
603 PRINCE RESIDENCY,
20 STERLING AVENUE,
Nungambakkam,
Nungambakkam, Chennai,
Tamil Nadu, 600034

8331 4899 6111

1820 502 1947

help@cidai.gov.in

www.cidai.gov.in

Handwritten signature

4/11/2023

Date: 4/11/2023

From:

Desai Dilipkumar Navinchandra
A-82, Tirthbhumi Apartment,
Panchvati Road,
Law garden,
Ellisbridge,
Ahmedabad: 380006

To,

Integrated Registry Management Services Pvt. Ltd.
Unit: Apollo Hospitals Enterprises Ltd.
2nd Floor, "Kences Towers"
No: 1, Ramakrishna Street,
North Usman Road, T. Nagar,
Chennai:- 600 017
PH:28140801-0803

600 Shares

Sub:1] Transmission and missing, undelivered procedure for shares bearing folio no:N01311, 5562, partly convertible debenture certificate folio :N0121
2] Authorise Heena Munshi to communicate on behalf of myself till the shares are demated

Res. Associate,

I hereby inform you that I am the legal heir of deceased parents Navinchandra M Desai & Sushila N. Desai I have enclosed herewith registered will copy for your reference.

The shares pertaining to folio no:5562, N01311 are missing. I have partly convertible debenture certificate No:5853 to 5856.

I hereby request you to inform me the status of folio no N01311 and debenture folio no:N0121

I hereby request you to send me transmission and missing share certificate procedure soft copy to my authority person Heena Munshi's email address as soon as possible.

I hereby authorise Heena Munshi to communicate for the missing share and transmission procedure on my behalf, she will communicate with registrar and register office of the Company till the shares got demated, she will communicate with nodal officer of company for IEPF Procedure and also communicate with Ministry of Corporate Affairs till the IEPF claim will approved. Her Email address is heena.munshi@gmail.com

I hereby request you to co operate with her.

Hoping for your favourable reply soon.

Thanking you,

Yours faithfully



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3200919026228

STATE FILE NUMBER		3. LAST (Family)	
1. NAME OF DECEDENT — FIRST (Given)		DESAI	
NAVINCHANDRA			
2. MIDDLE			
-			
4. DATE OF BIRTH mm/dd/yyyy		5. AGE Yrs.	
05/20/1924		85	
6. SEX		M	
7. DATE OF DEATH mm/dd/yyyy		8. HOUR (24 Hours)	
06/27/2009		2240	
9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER	
INDIA		619-40-9660	
11. EVER IN U.S. ARMED SERVICES?		12. MARITAL STATUS (at Time of Death)	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		WIDOWED	
13. EDUCATION — Highest Level/degree (see worksheet on back)		14. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back)	
BACHELOR		WHITE, INDIAN	
15. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
TEXTILE		IMPORT AND EXPORT	
17. USUAL RESIDENCE (Street and number or location)		18. YEARS IN OCCUPATION	
3349 DURHAM CT.		40	
19. CITY		20. ZIP CODE	
BURBANK		91504	
21. COUNTY/PROVINCE		22. STATE/FOREIGN COUNTRY	
LOS ANGELES		CA	
23. INFORMANT'S NAME, TITLE/RELATIONSHIP		27. INFORMANT'S MAILING ADDRESS (Street and number or route/box number, city or town, state, ZIP)	
MINAXI SHAH, DAUGHTER		3349 DURHAM CT., BURBANK, CA 91504	
28. NAME OF SURVIVING SPOUSE — FIRST		29. MIDDLE	
-		-	
30. LAST (Maiden Name)		31. NAME OF FATHER — FIRST	
-		MADHAVLAL	
32. MIDDLE		33. LAST	
-		DESAI	
34. BIRTH STATE		35. NAME OF MOTHER — FIRST	
INDIA		JAYA	
36. MIDDLE		37. LAST (Maiden)	
M		DESAI	
38. BIRTH STATE		39. BIRTH COUNTRY	
INDIA		INDIA	
40. PLACE OF FINAL DISPOSITION		41. TYPE OF DISPOSITION(S)	
RES MINAXI SHAH 3349 DURHAM CT., BURBANK, CA 91504		CR/RES	
42. SIGNATURE OF EMBALMER		43. LICENSE NUMBER	
NOT EMBALMED			
44. NAME OF FUNERAL ESTABLISHMENT		45. LICENSE NUMBER	
MOUNTAIN VIEW MORTUARY		FD1020	
46. SIGNATURE OF LOCAL REGISTRAR		47. DATE mm/dd/yyyy	
JONATHAN FIELDING, MD		06/30/2009	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE	
RESIDENCE		<input type="checkbox"/> IP <input type="checkbox"/> SNR <input type="checkbox"/> DDA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/ETC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
103. COUNTY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location)	
LOS ANGELES		3349 DURHAM CT.	
105. CITY		106. DEATH REPORTED TO CORNER?	
BURBANK		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
107. CAUSE OF DEATH		Time Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) HOURS	
(I) RESPIRATORY FAILURE		2009-54394	
(II) METASTATIC LUNG DISEASE		(B) MONS	
(III) ESOPHAGEAL CANCER		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
108. AUTOPSY PERFORMED?		(C) MONS	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(D) MONS	
109. USED IN DETERMINING CAUSE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
110. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107		111. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)	
NONE		NO	
112. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 110? (If yes, list type of operation and date)		113. IF FEMALE, PREGNANT IN LAST YEAR?	
NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		115. SIGNATURE AND TITLE OF CERTIFIER	
Decedent's Address Stated Decedent Last Seen Alive		NILESH H DESAI M.D.	
(A) mm/dd/yyyy (B) mm/dd/yyyy		116. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
08/26/2004 06/05/2009		NILESH H DESAI M.D.	
117. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSE STATED.		118. TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE	
119. NUMBER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		241 WEST OLIVE AVENUE, BURBANK, CA 91502	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		119. INJURY DATE mm/dd/yyyy	
120. SIGNATURE OF CORNER / DEPUTY CORNER		121. INJURY DATE mm/dd/yyyy	
		122. HOUR (24 Hours)	
122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
124. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)			
125. SIGNATURE OF CORNER / DEPUTY CORNER		126. TYPE NAME, TITLE OF CORNER / DEPUTY CORNER	
126. DATE mm/dd/yyyy			
STATE REGISTRAR		FAX AUTH. #	
A B C D E			
010001001255483		*HDI618703*	



This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.

Jonathan E. Fielding JUN 30 2009
DATE ISSUED

Director of Public Health and Registrar

TRUE COPY

R. A. Panchal

R. A. PANCHAL
NOTARY
GOVT. OF GUJARAT



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

3 200519013579

CERTIFICATE OF DEATH

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURE, WHITESOUTS OR ALTERATIONS VE-11 (REV 10/04)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT -- FIRST (Given) Sushila		2. MIDDLE -		3. LAST (Family) Desai	
4. DATE OF BIRTH (month/day) 11/23/1923		5. AGE (Yrs) 81		6. SEX F	
9. BIRTH STATE/FOREIGN COUNTRY India		10. SOCIAL SECURITY NUMBER 620-40-3246		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS (at Time of Death) Married		7. DATE OF DEATH (month/day) 03/26/2005		8. HOUR (24 Hour) 1325	
13. EDUCATION -- (Highest Level/Type) 9		14. DECEASED'S RACE -- (Up to 3 races may be listed (see instructions on back)) East Indian		15. YEARS IN OCCUPATION 60	
17. USUAL OCCUPATION -- (Type of work for most of the life. DO NOT USE RETIRED)		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, retail establishment, employment agency, etc.)		19. YEARS IN OCCUPATION	
20. DECEDENT'S RESIDENCE (Street and number or location) 3349 Durham Court		21. CITY Burbank		22. ZIP CODE 91504	
23. COUNTY/PROVINCE Los Angeles		24. YEARS IN COUNTY 19		25. STATE/FOREIGN COUNTRY CA	
26. INFORMANT'S NAME, RELATIONSHIP Mina Shah Daughter		27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 3349 Durham Court Burbank CA 91504			
28. NAME OF SURVIVING SPOUSE -- FIRST Navinchandra		29. MIDDLE -		30. LAST (Surname) Desai	
31. NAME OF FATHER -- FIRST Nanalal		32. MIDDLE -		33. LAST Shah	
34. BIRTH STATE India		35. NAME OF MOTHER -- FIRST Mahalaxmi		36. MIDDLE -	
37. LAST (Surname) Dalai		38. BIRTH STATE India		39. BIRTH STATE	
40. DISTRIBUTION DATE (month/day) 03/27/2005		41. PLACE OF FINAL DISPOSITION RES Navinchandra Desai 3349 Durham Court Burbank CA 91504			
42. TYPE OF DISPOSITION(S) CR/RES		43. SIGNATURE OF BURIALMER Not Embalmed		44. LICENSE NUMBER	
45. NAME OF FUNERAL ESTABLISHMENT Mountain View Mortuary		46. LICENSE NUMBER FD1020		47. DATE (month/day) 03/27/2005	
48. SIGNATURE OF LOCAL REGISTRAR Thomas J. White		49. DATE (month/day) 03/27/2005			
101. PLACE OF DEATH Residence		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> EP/OP <input type="checkbox"/> OOA <input type="checkbox"/> PHOSP <input type="checkbox"/> PHOTEL/TC <input checked="" type="checkbox"/> DECEASED'S HOME <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/RTC <input checked="" type="checkbox"/> Deceased's Home <input type="checkbox"/> Other	
104. COUNTY Los Angeles		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 3349 Durham Court		106. CITY Burbank	
107. CAUSE OF DEATH Enter the chain of events -- diseases, injuries, or complications -- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator malfunction without showing the etiology. DO NOT abbreviate. Cardiopulmonary Arrest		108. DEATH REPORTED TO CORONER (Time Interval Between Death and Report) (AT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 DAYS		109. DEATH REPORTED TO USPO (Time Interval Between Death and Report) (BT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2 YEARS	
110. CAUSE OF DEATH Specify, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST Chronic Renal Failure Diabetes Mellitus		111. ALTOPTERY PERFORMED (CT) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10 YRS		112. MEAS IN DETERMINING CAUSE? (DT) <input type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 Coronary Artery Disease Hypertension					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) Coronary Artery Bypass Graft --/--/1997					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent's Attended Since <input type="checkbox"/> Decedent Last Seen Alive <input checked="" type="checkbox"/>		115. SIGNATURE AND TYPE OF CERTIFIER M.D.		116. LICENSE NUMBER A29459	
117. DATE (month/day) 12/08/1999		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Nirmal Kumar MD 2750 E Washington Blvd # 340 Pasadena CA 91107		119. DATE (month/day) 03/25/2005	
120. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Poisoning <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		121. INJURY DATE (month/day) 03/26/2005		122. HOUR (24 Hour) 1325	
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)					
126. SIGNATURE OF CORONER / DEPUTY CORONER		127. DATE (month/day)		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		FAX AUTH. #		CENSUS TRACT	

TRUE COPY

R. A. PANCHAL
NOTARY
GOVT. OF GUJARAT



CALOSANGOE



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

OCT 17 2018



1000002646478

0006476402 - 02 - E

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



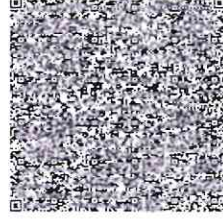
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AJJPD2574J



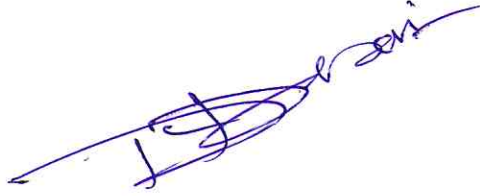
नाम/ Name
DILIPKUMAR DESAI

पिता का नाम/ Father's Name
NAVINCHANDRA MADHAVLAL DESAI

12122022

जन्म की तारीख /
Date of Birth
22/01/1950


हस्ताक्षर/ Signature





सत्यमेव जयते
भारत सरकार



आधार

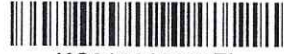
भारत सरकार
Government of India

भारतीय विशिष्ट ओળખ प्राधिकरण
Unique Identification Authority of India

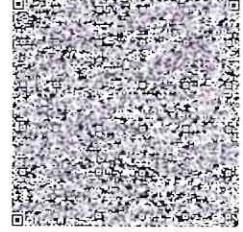
नोंधणीनी ओળખ / Enrollment No. : 0012/11702/01219

To
Desai Dilipkumar
देसाई दिलीपकुमार
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ellis bridge,
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भारत सरकार
Government of India



Issue Date: 11/02/2017



देसाई दिलीपकुमार
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