



KOVAI MEDICAL CENTER AND HOSPITAL LIMITED

Excellence in Healthcare

P.B. NO. 3209, AVANASHI ROAD, COIMBATORE - 641 014.

CIN: L85110TZ1985PLC001659

POSTAL BALLOT FORM

Sl.No.:

1. Name of the Member :
2. Registered Address of the sole / first named Member :
3. Joint holder(s), if any :
4. Registered Folio / DPID / CID No. :
5. Number of Shares held :
6. I/We hereby exercise my/our vote in respect of the Resolution to be passed through Postal Ballot for the business stated in the Notice of the Company by sending my/our assent or dissent to the said resolutions by placing the tick mark (✓) in the appropriate box below :

Description of the resolution	No. of shares for which votes cast	I/We assent to the resolution (For)	I/We dissent to the resolution (Against)
Item No. 01: Alteration of Memorandum of Association of the Company (Special Resolution)			

Place :

Date :

.....
Signature of the Member

Voting through electronic means:

EVEN	USER ID	PASSWORD / PIN
103730		

INSTRUCTIONS

I. GENERAL INFORMATION

1. There will be one postal ballot form for every Folio/ Client ID, irrespective of the number of joint holders.
2. The Scrutinizer will collate the votes downloaded from the e-voting system and the votes received through post to declare the final result for each of the resolution forming part of the Notice.

II. PROCESS FOR VOTING BY PHYSICAL POSTAL BALLOT

1. Members desiring to cast their vote by postal ballot should complete and sign the postal ballot form (no other form or photo copy thereof is permitted) and send it in the enclosed postage prepaid self-addressed envelope so as to reach the Scrutinizer appointed by the Board of Directors of the Company, Mr.C.V.Madhusudhanan, Partner, KSR & Co, Company Secretaries LLP on or before 24.02.2016 (6:00 pm IST). Postal Ballots received after the said date and time will be rejected.
2. This form should be completed and signed by the member as per the specimen signature registered with the Company/Share Transfer Agent. In case of joint holding, this form should be completed and signed by the first named member and in his/her absence, by the next named joint holder. A Power of Attorney (POA) holder may vote on behalf of a member, mentioning the registration number of the POA registered with the Company or enclosing an attested copy of the POA. Exercise of vote by postal ballot is not permitted through Proxy.
3. In case the shares are held by companies, trusts, societies etc., the duly completed postal ballot form should be accompanied by a certified true copy of the relevant Board Resolution/Authorisation.
4. The votes should be cast either in favour or against by putting the tick (✓) mark in the column provided for assent or dissent. Postal ballot form bearing tick marks in both the columns will render the postal ballot form invalid.
5. Unsigned, incomplete, improperly or incorrectly tick marked postal ballot forms will be rejected. A form will also be rejected if it is received torn, defaced or mutilated to an extent which makes it difficult for the Scrutinizer to identify either the member or as to whether the votes cast are in favour or against or if the signature could not be verified.
6. Members are requested not to send any paper (other than Resolution/ Authorisation as mentioned above) along with the postal ballot form in the enclosed self-addressed envelope. If any extraneous paper is found in the envelope, the same will be destroyed by the Scrutinizer.
7. The decision of the Scrutinizer on the validity of the postal ballot form and any other related matter shall be final.