**Form ISR - 3**

**Declaration Form for Opting-out of Nomination**

**by holders of physical securities in Listed Companies**

(see SEBI circular No. SEBI/HO/MIRSD/MIRSD\_RTAMB/P/CIR/2021/655 dated November 03, 2021 on Common and Simplified Norms for processing investor’s service request by RTAs and norms for furnishing PAN, KYC details and Nomination)

[Under Section 72 r/w Section 24 (1) (a) of Companies Act, 2013 r/w Section 11(1) and 11B of SEBI Act, 1992 and Clause C in Schedule VII and Regulation 101 of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)]

**Name of the Company** : Kovai Medical Center and Hospital Limited

**Registered Address of the Company** : 99 Avanashi Road, Coimbatore – 641 014

I / we ……………………… the holder(s) of the securities particulars of which are given hereunder, ***do not wish to nominate*** any person(s) in whom shall vest, all the rights in respect of such securities in the event of my /our death.

PARTICULARS OF THE SECURITIES (in respect of which nomination is being opted out)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nature of Securities**  | **Folio No.**  | **No. of Securities**  | **Certificate No.**  | **Distinctive No.**  |
|  |  |  |  |  |

 I/ we understand the issues involved in non-appointment of nominee(s) and further are aware that in case of my / our death, my / our legal heir(s) / representative(s) are required to furnish the requisite documents / details, including, Will or documents issued by the Court like Decree or Succession Certificate or Letter of Administration / Probate of Will or any other document as may be prescribed by the competent authority, for claiming my / our aforesaid securities.

 Name(s) and Address of Security holders(s) Signature(s)

Sole / First Holder Name

Second Holder Name

Third Holder Name

|  |  |
| --- | --- |
| **Name and Address of Witness** | **Signature** |
|  |  |