**FORM NO. SH-13**

**NOMINATION FORM**

**[Pursuant to section 72 of the Companies Act, 2013 and rule 19(1) of the Companies (Share Capital and Debentures) Rules 2014]**

To

Name of the company : Kovai Medical Center and Hospital Limited

Address of the company :

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the holder(s) of the securities particulars of which are given hereunder wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my / our death

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1. PARTICULARS OF THE SECURITIES (in respect of which nomination is being made)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nature of securities | Folio No. | No. of securities | Certificate No. | Distinctive Nos. |
|  |  |  |  |  |
|  |  |  |  |  |

1. PARTICULARS OF NOMINEE/S –
2. Name :
3. Date of Birth :
4. Father’s/Mother’s/Spouse’s name :
5. Occupation:
6. Nationality:
7. Address:
8. Email id:
9. Relationship with the security holder:
10. IN CASE NOMINEE IS A MINOR-
11. Date of birth :
12. Date of attaining majority :
13. Name of guardian :
14. Address of guardian :

|  |  |
| --- | --- |
| Name of the Security Holder(s) | Signature(s) |
|  |  |
|  |  |
|  |  |

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses with name and address

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Name and Address Signature with date

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1.

2.

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