

MEMBERS UPDATION FORM

To,
THE COMPANY SECRETARY
KK SHAH HOSPITALS LIMITED
124, KATJU NAGAR, SWASTIK App.,
RATLAM (M.P.) 457001

Re: Details updation & Payments of Dividend
through NECS

I hereby give my consent to receive all future communications from KK Shah Hospitals Limited at my below email id and/or at my e-mail registered with my/our depository:-

DP ID **CLIENT ID** **FOLIO NO**

E-mail idAlternative email id :.....

I wish to participate in the National Electronics Clearing Service (NECS) introduced by the Reserve Bank of India.

I do not wish to Participate in the NECS. However, kindly print the bank particulars given below on the Dividend Warrant being issued to me.

1. Name of the Shareholder(s): _____
2. Address : _____

3. Particulars of Bank Accounts

- a. Name of the Bank : _____
- b. Name of the Branch : _____
Address : _____
Telephone No. : _____

c. 9 digit code Number of the Bank and Branch as appearing on the MICR Cheque issued by the bank :

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d. Type of the account (Please tick) :

Savings : ()

Current : ()

Cash credit: ()

e. Account number (as appearing on the Cheque Book) : _____

I hereby declared that the Particulars given above are correct and complete. I undertake to inform any subsequent changes in the above particulars before the relevant book closure date(s). if the payment is delayed or not effected at all for any reason(s), beyond the control of the Company, I would not hold the Company responsible.

Date: _____

Signature of the first holder

**** In case the amount of Dividend is failed to be transmitted in the aforesaid process, the Company shall issue Dividend warrant in physical mode/ Remit same in requested Bank Account to the respective shareholders after due verification.***