

(On stamp paper of Rs. 20)

Affidavit for Duplicate Share Certificate

I/We _____ S/o _____ aged ____ years and
_____ S/o _____ aged _____ years,
residing at _____ solemnly affirm and declare as
follows:

1. That I/We am/are shareholder(s) of Zota Health Care Limited and hold shares of face value of Rs. 10/- each, as per the details below:

Folio No.	Share Certificate No.	Distinctive No. (s)	No. of Shares

2. That the said share certificate(s) covering the aforesaid shares has/ have been lost/ misplaced/ not received and it is/ they are not in my/ our possession:

3. That I/We have not transferred the said shares or any of them I favour of any other person and I/We have not executed an instrument of transfer for the said shares in favour of any person.

4. That I/We have filed a request to the company, for issue of duplicate share certificate for the said shares.

Verification

I/We solemnly affirm that the statements contained in the above paragraphs are true to the best of my/our knowledge, information and belief and that nothing material has been concealed being disclosed.

Solemnly declared and affirmed on identification at _____ this _____ Day of _____ 201

Name(s) of Shareholder(s)

Signature of Shareholder(s)

(On Stamp paper of Rs. 100)

Indemnity Bond for Issue of Duplicate Share Certificate(s)

I/We _____ hold inter alia _____ Equity Shares of the face value of Rs. 10/- each in the Zota Health Care Limited as per the details below:

Folio No.	Share Certificate No.	Distinctive No. (s)	No. of Shares

The Share Certificate(s) in respect of the said shares have/has been lost and is/are not forthcoming. The shares in respect of the said certificate(s) were not accompanied by any blank transfer deed signed by me/us and that I/We have not, nor has any person by my/our order in any manner disposed off, parted with or pledged the said certificate(s) or assigned my/our interest therein or any part thereof to any person. I/We am/are the sole and absolute owner(s) of the shares covered by the said share certificate(s) or cause the same to be surrendered to the Company, if and when the same is/are found.

I/We therefore, request the Zota Health Care Limited to issue duplicate(s) of the said share certificate(s).

In consideration of the company so doing, I/We do hereby Indemnify the Company and myself. Ourselves, my/our heirs, executors and administrator to pay all claims, charges, costs, damages, demand, expenses, and losses and the increase in the price of share of any at the time of such indemnification, which the said Company may sustain, incur or be liable for in consequence of having issued duplicate share certificate(s) at my/our above said request. The Company can realise the said claims, charges, costs, damages, demands, expenses and losses from me/us personally or my/our heirs, executors or administrators or my/our properties as the case may be.

In witness whereof I/We signed this _____ day of _____ 201

Place: _____

Date: _____ **Shareholders Signature** _____ **Shareholders Signature** _____

Witness 1:

Name: _____

Address: _____

Signature _____

Witness 2:

Name: _____

Address: _____

Signature _____

Surety:

Name: _____

Address: _____

Signature _____

(Private & Confidential)

**DRAFT FORM TO BE FILLED IN AND SIGNED BY THE SURETY PROPOSED FOR
THE INDEMNITY BOND**

(Surety must not be a person who sign as a witness in indemnity bond)

1. Name in full:
2. Permanent Residential Address:
3. Age:
4. Name & Address of employer:

Salary and other emoluments:

OR

Details of immovable property owned (absolutely) in your own name not as member of HUF
Within municipal limits

- a. Situation :
- b. Valuation :
- c. Annual rent realised :

OR

- a. Nature of value of Business :
(in your own name & not as partner)
- b. Annual turnover :
- c. Annual profits :

Date: _____

Place: _____

(Signature of the Surety)