

To
Zota Health Care Ltd.
Zota House, 2/896 Hira Modi Street,
Sagrampura, Surat – 395002, Gujarat

Dear Sir,

SUB.: UPDATION OF SHAREHOLDER INFORMATION

FOLIO NUMBER	
NAME OF THE SHAREHOLDER	1. 2. 3.
ADDRESS OF THE FIRST HOLDER	
NO. OF SHARE HELD	
EMAIL ID	
PAN	
TELEPHONE NO (S)	
SPECIMEN SIGNATURE(S)	1. 2. 3.

Attestation by Bank Manager only under their stamp:

Name	
Signature and Stamp	
Designation	
A/c No.:	
Name & Address of Bank	

Date:

Place:

Signature

Note: After filling requisite information applicant should forward application to Satellite Corporate Service Pvt. Ltd. (RTA of the Company). Applicant is requested to enclose his/her Pan Card (Self certified) along with this application.