(On stamp paper of Rs. 20)

Affidavit for Duplicate Share Certificate

| I/We | | S/o | | agedyears and | |
|--------------------------------|---|---|--------------------|----------------------------|---------------|
| | | S/o | | aged | years, |
| residing at | | | | | |
| follows: | | | | | |
| 1. That I/We am | /are shareholder(s) of Zo | ta Health Care Li | mited and hold sh | nares of face valu | e of Rs. 10/- |
| each, as per the | | | | | |
| Folio No. Share Certificate No | | Distinctive No. (s) | | No. of Shares | |
| 101101101 | Share certificate No. | Distinct | 140. (3) | No. or sna | 1103 |
| | | | | | |
| 3. That I/We have not execute | s/ they are not in my/ our ve not transferred the sai ed an instrument of trans ve filed a request to the | d shares or any of fer for the said secompany, for is | hares in favour of | any person. | |
| | | Verification | l | | |
| • | affirm that the statemen dge, information and b | | | • | |
| Solemnly declare | ed and affirmed on identi | fication at | this | Day of | 201 |
| Name(s) of Shareholder(s) | | | Signature o | ignature 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 fac | ce value of Rs. 10/- each i | n the Zota Heal | th Care Limite | d as per | the details below: | |
| Folio No. | Share Certificate No. | Distine | tive No. (s) | | No. of Shares | |
| shares in respectme/us and that with or pledged person. I/We a certificate(s) or I/We thereof, relation of the consideration of the con | ficate(s) in respect of the ct of the said certificate(s) I/We have not, nor has a the said certificate(s) or am/are the sole and abcause the same to be surrougher the Zota Health Caron of the company so dour heirs, executors and ses, and losses and the which the said Companies share certificate(s) at no costs, damages, demand | s) were not accomy person by may reassigned my/osolute owners rendered to the reading. I/We do administrato increase in the y may sustain, my/our above so | ompanies by any/our order interest the shape of the price of shape or to pay all the price of shape or the shape of the shape or the sh | any bland n any man nerein of ares covered and where s) of the s mnify the claims, of hare of able for in | k transfer deed signner disposed off, rany part thereof vered by the said the same is/are for said share certificate Company and charges, costs, datany at the time of pany can realise to the same that the time of the consequence of pany can realise to the same and charges. | gned by parted to any dishare ound. Ite(s). Important the myself. Important the said the said |
| | ministrators or my/our propertions. | | | 201 | | |
| Place: Date: | Sharehol | ders Signature | | | nolders Signature | |
| | Sharehor | acis signature | M/2 | Silarci | iolacis signature | |
| Witness 1: | | | Witness 2: | | | |
| | | | | | | |
| Signature | | | Signature | | | |
| Surety: | | | | | | |
| • | | | | | | |
| | | | | | | |
| 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. | Na | me in full: | | | | |
|----------------|--------------------------------|---|----------|----------------------------------|---------------------------|--|
| 2. | Permanent Residential Address: | | | | | |
| 3. | Age | e: | | | | |
| 4. | Na | me & Address of empl | oyer: | | | |
| | Sal | ary and other emolum | ents: | | | |
| | | OR | | | | |
| | | tails of immovable pro thin municipal limits | perty o | owned (absolutely) in your own n | ame not as member of HUF | |
| | a. | Situation | : | | | |
| | b. | Valuation | : | | | |
| | c. | Annual rent realised | : | | | |
| | | OR | | | | |
| | a. | Nature of value of Bu | ısiness | : | | |
| | | (in your own name & | not as p | partner) | | |
| | b. | Annual turnover | | : | | |
| | c. | Annual profits | | : | | |
| Date: Place | | | _ | | (Signature of the Surety) | |