

FORMAT OF DIVIDEND CLAIM FORM / INDEMNITY BOND

To
Zota Health Care Limited
Zota House, 2/896 Hira Modi Street,
Sagrampura, Surat - 395002

Dear Sir / Madam,

This is to confirm that I have lost / misplaced / not received dividend(s) / not encashed dividend(s) of Zota Health Care Limited (herein after referred as "Company") as detailed below:

Sl. No.	Folio No. / DP ID & Client ID No.	Particulars	Warrant No.	Amount (Rs.)
1.		Final dividend for the year 2012-13		
2.		Final dividend for the year 2013-14		
3.		Final dividend for the year 2014-15		
4.		Final dividend for the year 2015-16		
5.		Final dividend for the year 2016-17		
6.		Final dividend for the year 2017-18		
7.		Final dividend for the year 2018-19		
Total Unclaimed Dividend (Rs.)				

I hereby request you to please transfer the aforesaid dividend proceeds to my Bank Account as mentioned below in lieu of the aforesaid unclaimed dividend(s).

1. Bank Account details (For electronic credit of unpaid dividend(s) and payment of future dividend(s))

Name of the 1 st named holder (as appearing in your cheque book)	
Name of the Bank & Branch address	
Account Number (as appearing in your cheque book)	
Account Type (Savings / Current / Cash Credit)	
9 Digit MICR Number (as appearing on the MICR cheque issued by the bank)	
11 Digit IFSC Code	

I hereby agree to indemnify the Company in the manner hereinafter stated:

I have not charged, pledged, created any sort of encumbrance or otherwise dealt in so as to create any adverse claim upon the aforesaid dividend(s).

Now it is hereby agreed that in consideration of the Company transferring the dividend proceeds to my Bank Account, I hereby covenant at all times hereafter and from time to time save, defend and

keep indemnified the Company from and against costs, suits, legal proceedings, accounts, claims, demands, losses, charges, expenses and liabilities of whatsoever nature which the Company may sustain or incur by reason of such re-issue of dividend(s) and also from and against any action which may be brought against the Company by any one claiming the interest accrued thereon and from and against all damages, costs, charges, expenses which the Company may incur in respect thereof otherwise in relation to the premises.

It is hereby further agreed that I hereby undertake to return to the Company such original DD(s) / dividend warrant(s) as and when found or received for cancellation.

In witnesses whereof, I hereto have set and subscribed my respective hands at _____ on _____ (Date).

Holder	Joint Holder 1 (if any)	Joint Holder 2 (if any)
Signature :	N.A.	N.A.
Date :	Signature :	Signature :
Name :	Date :	Date :
Address :	Name :	Name :
	Address :	Address :

Witness 1	Witness 2
Signature :	Signature :
Date :	Date :
Name :	Name :
Address :	Address :

Note:

1. For the undertaking to be considered complete, please ensure the name, address and bank details of first (1st) holder and joint holder(s), as applicable, are filled correctly and it is duly signed by all the holders and two (2) witnesses.
2. If the dividend is in excess of Rs. 2500/-, then please execute this Form on a Non-Judicial stamp paper of the appropriate value or frank the Form for the same appropriate value and have it notarized by a Notary Public under his / her official seal.