

Form No. SH – 13
Nomination Form

**[Pursuant to section 72 of the Companies Act, 2013 and rule 19(1) of the Companies
(Share Capital and Debentures) Rules 2014]**

To

Metropolis Healthcare Limited

250 D, Udyog Bhavan, Hind Cycle Marg,
Worli, Mumbai- 400 030.

I/We _____ the holder(s) of the securities particulars of which are given hereunder wish to make nomination and do hereby nominate the following persons in whom shall vest, all the rights in respect of such securities in the event of my/our death.

(1) PARTICULARS OF THE SECURITIES (in respect of which nomination is being made)

Nature of securities	Folio No.	No. of securities	Certificate No.	Distinctive No.

(2) PARTICULARS OF NOMINEE/S –

- i. Name:
- ii. Date of Birth:
- iii. Father's/Mother's name
- iv. Occupation:
- v. Spouse's Name:
- vi. Nationality:
- vii. Address:
- viii. E-mail ID:
- ix. Relationship with the security holder:

(3) IN CASE OF NOMINEE IS A MINOR –

- (a) Date of Birth:
- (b) Date of attaining majority:
- (c) Name of guardian:
- (d) Address of guardian:

(4) PARTICULARS OF NOMINEE IN CASE MINOR NOMINEE DIES BEFORE ATTAINING AGE OF MAJORITY

- (a) Name:
- (b) Date of Birth:
- (c) Father's/Mother's/
- (d) Occupation:
- (e) Spouse's Name:
- (f) Nationality:
- (g) Address:
- (h) E-mail ID:
- (i) Relationship with the security holder:

Name of the Security
Holder(s)

Signature

Witness with name and address

Please enclose the following with this form:

- ID proof of the Applicant and the Nominee