



## **The Arya Vaidya Pharmacy (Coimbatore) Limited**

Regd. Office : 42, Perumal Koil Street, Ramanathapuram, Coimbatore - 641 045.

Ph : +91 - 422 - 4322999, 2315412

E-mail : [cs@avpayurveda.in](mailto:cs@avpayurveda.in) Web : [www.avpayurveda.com](http://www.avpayurveda.com)

Date : 29.07.2020

### **Name and address of the shareholder holding shares in physical form**

Dear Sir/Madam,

#### **Sub: Request for Email, phone and bank details.**

We wish to write this letter for the following purposes –

#### **Requirement of furnishing your email ID and phone contact details.**

1. Owing to the difficulties involved in dispatching the physical copies of the Annual Report and Notice of the Annual General Meeting (OR) Extra Ordinary General Meeting, Ministry of Corporate Affairs, Government of India vide General Circular No:20/2020 dated 05<sup>th</sup> May 2020 companies to send the Annual Report & Notice **only by email** to the members of the Company, if AGM /EGM is held through VC/OAVM.

#### **2. Requirement of furnishing your bank details**

Due to the outbreak of Covid-19 globally, the delivery of physical dividend warrants by post may be delayed within India and abroad. Further, the validity of dividend warrants is for a period of 3 months from the date of issue. The shareholders may find it difficult to receive and encash the dividend warrants in time. In order to overcome such a situation, we request you to furnish your bank details along with the documentary proof so that the dividends if any declared, will be credited to your bank account. Therefore, we request you to kindly fill up the attached form and send the scanned copy and supporting documents by email to [green@skdc-consultants.com](mailto:green@skdc-consultants.com) or [cs@avpayurveda.in](mailto:cs@avpayurveda.in) or dispatch to our Registrars and Share Transfer Agents (RTA) in the address given in the bank mandate form.

Wishing you a safe stay.

Thanking You,

Yours faithfully,

for The Arya Vaidya Pharmacy (Coimbatore) Limited

sd/-

P.R.Krishnakumar

Chairman and Managing Director

**Name and address of the shareholder holding shares in physical form.**

To  
S.K.D.C. Consultants Limited  
Unit : PB No. 2016, "Kanapathy Towers", 3<sup>rd</sup> Floor,  
1391/A1, Sathy Road, Ganapathy Post  
Coimbatore – 641006, TN, India  
Phone: +91 422 4958995, 2539835/ 836

Dear Sir/ Madam,

**Sub: Furnishing email and bank details.**

I/W hold shares in M/s. The Arya Vaidya Pharmacy (Coimbatore) Limited and request you to register my/our Email and Bank details in the records of the Company.

**Folio No:**

**NAME OF FIRST/SOLE SHAREHOLDER :**

**JOINT SHAREHOLDER 1 :**

**EMAIL ID OF THE SOLE/FIRST SHAREHOLDER**

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**BANK NAME, BRANCH AND ADDRESS WITH PIN CODE (FOR SOLE / FIRST SHAREHOLDER)**

PIN							

**BANK ACCOUNT NUMBER**

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*(Attach original Cancelled Cheque with your name printed on the Cheque or copy of Bank Passbook attested by your Bank Manager with his seal and date)*

**BANK ACCOUNT TYPE** (Tick in appropriate boxes)

<b>S</b>		<b>CA</b>		<b>CC</b>		<b>OD</b>	
<b>B</b>							

**IFSC**

**MICR CODE (9 Digits)**

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**Mobile No.**

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I hereby declare that the particulars given above are correct and complete.

Yours faithfully,

Date:  
Place :

Signature of the First / Sole Shareholder