

Phone No:  
Sold To/Issued To:  
Ramesh  
For Whom/ID Proof:  
Amitz MedpolisSquare



FEB-19-2024 14:39:25

₹ 0000020/-  
ZERO ZERO ZERO ZERO ZERO TWO ZERO

Affidavit  
38153311708353565079-00264994  
3815331 13/2012

Form No. SH-4  
Securities Transfer Form

[Pursuant to section 56 of the Companies Act, 2013 and sub-rule (1) of rule 11 of the Companies (Share Capital and Debentures) Rules 2014]

Date of execution: 19/02/2024

FOR THE CONSIDERATION stated below the "Transferor(s)" named do hereby transfer to the "Transferee(s)" named the securities specified below subject to the conditions on which the said securities are now held by the Transferor(s) and the Transferee(s) do hereby agree to accept and hold the said securities subject to the conditions aforesaid.

CIN: U45309TG2022PTC166163

Name of the company (in full): AMTZ MEDPOLIS SQUARE 3663 PRIVATE LIMITED

Name of the Stock Exchange where the company is listed, if any: NA

DESCRIPTION OF SECURITIES:

| Kind/ Class of securities<br>(1) | Nominal value of each unit of security (Rs.)<br>(2) | Amount called up per unit of security (Rs.)<br>(3) | Amount paid up per unit of security (Rs.)<br>(4) |
|----------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------------------|
| Equity Shares                    | 10                                                  | 10                                                 | 10                                               |

| No. of securities being transferred |                           | Consideration received |                  |
|-------------------------------------|---------------------------|------------------------|------------------|
| In figures                          | In words                  | In words               | In figures (Rs.) |
| 1,500                               | One Thousand Five Hundred | Fifteen Thousand only  | 15,000/-         |

|                                |      |      |
|--------------------------------|------|------|
| Distinctive numbers            | From | 8001 |
|                                | To   | 9500 |
| Corresponding Certificates No. |      | 05   |

Transferor's Particulars-

Registered / ledger Folio Number: 001

Name (s) in full

TEJAL SOHAM MODI

  
Signature(s)

I, hereby confirm that the transferor has signed before me.

Signature: M. 50

Witness: Name: JayaPrakash

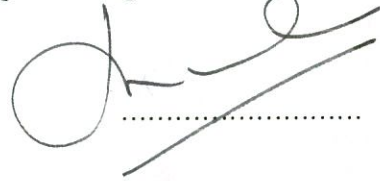
Address: 3-4-63/13/c1, Aravinda Nagar, Ramanthapur  
Hyderabad - 13

**Transferee's Particulars**

| Name in full                               | Father's/<br>mother's/<br>Spouse<br>name | Address & E-mail id                                                                                       | Occupation | Existing<br>folio<br>No., if<br>any | Signature                                                                           |
|--------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------|-------------------------------------|-------------------------------------------------------------------------------------|
| (1)                                        | (2)                                      | (3)                                                                                                       | (4)        | (5)                                 | (6)                                                                                 |
| AMTZ MEDPOLIS<br>SQUARE PRIVATE<br>LIMITED | NA                                       | 5-4-187/3 & 4, SOHAM<br>MANSION, MG ROAD,<br>SECUNDERABAD,<br>500003<br><br><u>roc@modiproperties.com</u> | Business   | -                                   |  |

Folio No. of Transferee: 005

Specimen Signature of Transferee



Value of stamp affixed (Rs.): 10/-

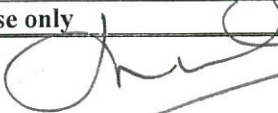
Enclosures:

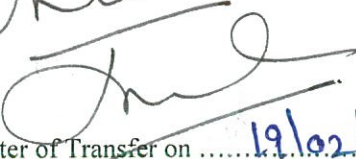
- (1) Certificates of shares
- (2) If no certificate is issued, letter of allotment.
- (3) Others, specify

**Stamps:**

|  |
|--|
|  |
|--|

**For office use only**

Checked by: 

Signature tallied by: 

Entered in the Register of Transfer on 19/02/2024, 2024 vide Transfer No TR-\_\_

Approval Date: 19/02/2024, 2024

Power of attorney/Probate/Death Certificate/Letter of Administration Registered on ..... at: N/A

No. N/A