

Regd. & Corporate office:
Plot No: 19-III, Road No. 71,
Opp. Bharatiya Vidya Bhavan Public School,
Jubilee Hills Hyderabad – 500 096. Telangana. INDIA,
Tel.:+91-40-6628 8888; Fax: +91-40-23551402
CIN: L24239AP1987PLC008066
Email: info@smspharma.com, www.smspharma.com

To M/s Aarthi Consultants Pvt. Ltd. Date: __ 1-2-285, Domalguda, Hyderabad - 500029, Telangana State, India. Phones: 040-27638111/27634445/27642217

Dear Sirs,

Company: SMS Pharmaceuticals Limited

Request for Registering Change of Name / New Signature

I requ	nest you to record and register the change of my	name as follows:
1) F	OLIO NO/CLIENT ID:	DP ID:
2) E	MAIL ID:	
		Landline:
,	CHANGE OF NAME: Description: (CHANGE OF NAME): Description: Descript	
b	New Name to be registered now:	
,	REGISTRATION OF NEW SIGNATURE: a) Earlier Signature as per your record:	
b	New Signature for registration :	
	enclosing the following document*: a) Notarised copy of Marriage Certificate. b) Notarised Affidavit or Certified copy of c) (Where change of name is not due to r d) Income Tax Permanent Account No (PA e) Original Share Certificates Nos change of name in the Share Certificates se cross heads not applicable for you)	
Your	s faithfully	
*(Existing Signature of Shareholder) Earlier Name of Shareholder		(New Signature of Shareholder) New Name of Shareholder

Enclo:

NOTE: * Existing Signature of shareholder should be as per specimen recorded with the Company.