



EMS CO-OPERATIVE HOSPITAL

PATHANAPURAM P. O. KOLLAM-95. PH:0475-2354455
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Application for Share

Name of the Shareholder :
Name of Father/ Mother/ Husband :
Residing Address with Pincode :

Tel. No :
Mobile Number :
Email Id :
Permanent Address with Pincode :

Age & Date of Birth :
Occupation :
Required Number of Shares :
Amount Remitted :
Name of Nominees with Address :

Relation with Shareholder :

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief. I agree to abide by the said rules and regulations and those may be prescribed by the society from time to time in this regards.

Place :

Date :

Applicant Signature