

**EMS MEMORIAL CO-OP. HOSPITAL & RESEARCH CENTRE
LTD., NO. M. 549, PERINTALMANNA**

DIVIDEND VOUCHER

LF. : Vr. No. Date

I (M No.) do hereby acknowledge
receipt of a sum of Rs. (Rupees
.....only)

being dividend due to me as detailed overleaf:

Name Signature

Cashier

Accountant

General Manager

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ബാങ്കിന്റെ പേര്..... ബ്രാഞ്ച്

A/c നമ്പർ :IFSC Code: