Date:		
To,		
KFin Technologies Limited ("Company"), 301, The Centrium, 3rd Floor, 57, Lal Bahadur Shastri Road, Nav Pada, Kurla (West), Mumbai – 400 070, Maharashtra		
Sub:	Declaration regarding Category and Beneficial Ownership of Shares	
Ref:	PAN :	
	DP ID / Client ID / Folio No. :	
With reference to the subject cited, and in connection with the appropriate withholding of taxes on the dividend payable to me / us by the Company, I / We hereby declare and confirm that:		
i.	I / We (Name of member), am / are a tax resident of India for the period April 01, 2025 to March 31 2026.	
ii.	Select as applicable	
	We qualify as an " Insurer " as per Section 2(7A) of the Insurance Act, 1938 and have full beneficial interest with respect to the equity shares held by in the Company; and we are submitting self-attested copy of PAN Card and certificate of registration with Insurance Regulatory and Development Authority of India	
	We are Mutual Fund specified in Section 10(23D) of the Income Tax Act, 1961 and are the beneficial owner of the Equity shares held by in the Company; and we are submitting self-attested copy of PAN Card and certificate of registration with the Securities and Exchange Board of India	
	We are Alternative Investment Fund established in India and are the beneficial owner of the Equity shares held in the Company; and our income is exempt under Section 10(23FBA) of the Income Tax Act, 1961 and are governed by SEBI regulations as Category I or Category II AIF; and we are submitting self-attested copy of the PAN card and certificate of registration with the Securities and Exchange Board of India We are (category of the entity) and are the beneficial owner of the Equity shares held in the Company; and are not subject to withholding tax under Section 196 of the Income Tax Act; and we are submitting self-attested copy of the documentary evidence supporting the exemption status along with self-attested copy of PAN card	

	We are specified person (category of person mentioned by provision) in terms of Section 10 and are the beneficial owner of the Equity shares held in the Company; and our income is exempt under Section 10 of the Income Tax Act, 1961 and we are submitting self-attested copy of the documentary evidence supporting the exemption status along with self-attested copy of PAN card		
	We are (Recognized Provident Fund / Approved Superannuation Fund / Approved Gratuity Fund / National Pension Scheme / any other entity entitled to exemption from TDS) and are the beneficial owner of the Equity shares held in the Company; and are exempted from TDS deduction under (Please specify the relevant Section / Rules giving exemption under the Income Tax Act); and we are submitting self-attested copy of the documentary evidence supporting the exemption status (e.g., relevant copy of registration, notification, order, etc.) along with self-attested copy of PAN card		
	/ We further indemnify the Company for any penal consequences arising out of any acts of emmission or omission initiated by the Company by relying on my / our above averment.		
	$iv. \hspace{0.5cm} I / We \hspace{0.1cm} hereby \hspace{0.1cm} confirm \hspace{0.1cm} that \hspace{0.1cm} the \hspace{0.1cm} above \hspace{0.1cm} declaration \hspace{0.1cm} should \hspace{0.1cm} be \hspace{0.1cm} considered \hspace{0.1cm} to \hspace{0.1cm} be \hspace{0.1cm} applicable \hspace{0.1cm} for \hspace{0.1cm} all \hspace{0.1cm} the \hspace{0.1cm} shares \hspace{0.1cm} held \hspace{0.1cm} in \hspace{0.1cm} the \hspace{0.1cm} Company \hspace{0.1cm} under \hspace{0.1cm} PAN \hspace{0.1cm} / \hspace{0.1cm} accounts \hspace{0.1cm} declared \hspace{0.1cm} in \hspace{0.1cm} the \hspace{0.1cm} form.$		
is issued	eby confirm that the declarations made above are complete, true and bona fide. This declaration to the Company to enable them to decide upon the withholding tax applicable on the dividend ceivable by me / us.		
I / We fur	ther confirm that I / we will immediately inform the Company if there is a change in the status.		
Yours sine	cerely,		
For (Name of member)			
Authoriz	ed Signatory		
Name	:		
Designati	on :		
Email ID	:		
Contact N	[o. :		
Address	:		
* Strike th	grough whichever is not applicable		