## **DECLARATION**

## Under Rule 37BA(2) of the Income-tax Rules, 1962

Date:									
То									
Aster DM H	Iealthcare Li	mited							
Awfis, 2nd F 27 & 27/1, M Sampangi Ra ,Bengaluru, Karnataka 56	ıma Nagara,	nce Centra,							
Dear Sir,									
in cases whe which tax de whole or any	re under any educted at sou part of the tax	provisions of the Incorrece is assessable in the	me-tax Act, 19 e hands of a p hall be given t	961, the whole erson other th	t for tax deducted at source, e or part of the income on an the deductee, credit for son and not to the deductee,				
		, Cos s Member having regis			Tember of Stock Exchange eclare as follows:				
1. holding	having Income Tax PANare soldingshares of Aster DM Healthcare Limited as on the record date i.e., << >>.								
	2. The shares received by us in Pool Account ( <b>Client Unpaid Securities Account</b> ) are held by us in the Demat account, the details of which is as under:								
	mat count	Name	· ID	ient ID	b Type of mat Account				
,	DL/ CDSL				A - Pool count				
ACCOUNT  3. Register Mer	The equity sh mber and hav urities Accoun	ares of <b>Aster DM He</b> ing SEBI Registration	althcare Lim No <b>INZ</b>	ited are held	by, a SEBI under separate Client lients have not paid for the				

4.	For the trans						are held by nd these shares
will be su	bsequently transfe						id these shares
sharehold	Asdividend income ers and according their Income-tax	ly the respective	eceived by beneficiary	us, woul sharehol	d be trans	sferred to the	he beneficiary
6. the divide	It is hereby req nd payouts by the	uested to the Con Company, to the					
	y confirm that the ange in the facts st					•	belief. In case
	Exchange underta						
Any liabil indemnifi	ity arising on accord	ount of misreprese	entation of f	facts by u	ıs in the at	oove declara	ation would be
For							
Signature							

Signature

## (Name) Compliance Officer Date:

## Place:

Notes: The Company will consider the information as available with the depositories (NSDL/CDSL) or by the Registrar and Share Transfer Agent as on the record date. We request you to kindly verify the correctness of the records and for any changes to update the same with your depository participant (if you hold shares in dematerialized mode) or the Registrar and Share Transfer Agent (if you hold shares in physical mode). In case of mismatch of any data as declared above with the Depositories/Registrar & Share Transfer Agent, the company will not consider the above declaration for further processing.

with DP ID IN - Name of the clearing member

Sr. No	Name	PAN	Address	Email ID	Mobile No	Status of shareholder - Resident or Non- resident	Rate to be applied	DP Name / DP ID	Clien t ID	No of Share s held	Dividen d Amount
1											
2											
3											