

## Declaration

Date:

To

Kovai Medical Center and Hospital Limited  
99 Avanashi Road  
Coimbatore – 641 014

Sir/Madam,

**Re: Self declaration for Financial Year (FY) 2021-22 of Indian Income Tax Act to take tax treaty benefits in relation to receipt of dividend income from Kovai Medical Center and Hospital Limited**

With reference to the above referred subject matter I / We hereby declare as under:

I/We, \_\_\_\_\_(Complete name of the shareholder) having Permanent Account Number (PAN) under the Indian Income tax Act, 1961 ('the Act') \_\_\_\_\_(Please mention PAN) and holding \_\_\_\_\_(Please mention number of shares held) number of shares of the Company as on the record date.

I/We am/are a tax resident of \_\_\_\_\_(please mention name the Country). A copy of the valid tax residency certificate for the period 1<sup>st</sup> April, 2021 to 31<sup>st</sup> March, 2022, is enclosed herewith.

I/We am/are tax resident of the \_\_\_\_\_(Please mention Name of the country ) as defined under Article \_\_\_\_\_of the tax treaty between India and \_\_\_\_\_(name of the country for applicable tax treaty). I/We am/are eligible to be governed by the provisions of the applicable tax treaty and meet all the necessary conditions to avail the benefits under the applicable tax treaty.

As required to claim the benefits of the lower tax rate under the applicable tax treaty read with the provisions laid down in Multilateral Instruments, wherever applicable, in relation to the dividend income to be received by me/us from the Company, I/We specifically confirm that I/We am/are the beneficial owner of the above referred equity shares of the Company and the dividend income receivable from the Company in relation to the said shares

I/We further declare that I/We have the right to use and enjoy the dividend received/receivable from the above shares and such right is not constrained by any contractual and/ or legal obligation to pass on such dividend to another person.

I/We am/are the legal and beneficial owner of the dividend income to be received from the Company.

I/We do not have any Permanent Establishment ('PE') or fixed base in India as construed under relevant Articles of the applicable tax treaty read with the provisions laid down in Multilateral Instruments, wherever applicable, nor do we have any PE or business connection in India as construed under the relevant provisions of the Act. Further, I/We do not have a Business Connection in India according to the provision of Section 9(1)(i) of the Act and the amounts paid/payable to us, in any case, are not attributable to business operations, if any, carried out in India.

I/We specifically confirm that my affairs/affairs of \_\_\_\_\_ (Complete name of the shareholder) were arranged such that the main purpose or the principal purpose thereof was not to obtain tax benefits available under the applicable tax treaty.

We hereby confirm that we do not have a place of effective management during the financial year 1<sup>st</sup> April, 2021 to 31<sup>st</sup> March, 2022 in India and none of the key management and commercial decisions for the conduct of business in substance are made in India.

Further, our claim for relief under the tax treaty is not restricted by application of Limitation of Benefit clause, if any, thereunder.

This declaration is valid for the period 1<sup>st</sup> April, 2021 to 31<sup>st</sup> March, 2022.

I/We hereby confirm that the declarations made above are complete, true and bona fide. This declaration is issued to the Company to enable them to decide upon the withholding tax applicable on the dividend income receivable by \_\_\_\_\_  
[NAME OF SHAREHOLDER]. I/We shall be solely responsible for any adverse income-tax consideration that may arise in India on the dividend income to be received from the Company.

Yours faithfully,

For \_\_\_\_\_ [NAME OF SHAREHOLDER]

Authorized Signatory \_\_\_\_\_ [Name/designation]

Dp. Id – Client Id/ Folio No.: \_\_\_\_\_

Contact address: \_\_\_\_\_ [Please insert]

Email address: \_\_\_\_\_ [Please insert]

Contact Number: \_\_\_\_\_ [Please insert]

Signature: \_\_\_\_\_