DECLARATION

<u>Under Rule 37BA(2) of the Income-tax Rules,</u> <u>1962</u>

Date:								
То								
Aster DM Heal	thcare Limited							
New No 10, Old MGR Salai, Nungambakkam 600 034								
Tamil Nadu, Ind Dear Sir,	lia.							
deducted at sour whole or part of a person other the shall be given the declaration with Accordingly, I,_Exchange and Reductare as follows 1	, Co legister with SEBI as M vs:havinshares o >>.	er any provision at deducted at for whole or an mot to the ded mpliance Officember having a Income Tax of Aster DM F	ons of the Inco source is asse by part of the to uctee, provide cer of, gregistered off a PAN Healthcare Line	me-tax Act, 1961, the ssable in the hands of ax deducted at source, ed the deductee files a Member of Stock fice at, hereby are nited as on the record				
	The shares received by us in Pool Account (Client Unpaid Securities Account) are held by us in the Demat account, the details of which is as under:							
Demat Account	DP Name	DP ID	Client ID	Sub Type of Demat Account				
NSDL/ CDSL				CM - Pool Account				

REASONS FOR GIVING CREDIT TO BENEFICIARY SHAREHOLDERS OF MARGIN ACCOUNT –

3.	The equity shares of Aster DM Healthcare Limited are held by							
4.	For the transactions entered before the book closure, the shares are held by in their CUSA Account mentioned above and these							
	shares will be subsequently transferred to the beneficiary members by							
5.	As is not the beneficial owner of the shares held by us in Demat Account, dividend income which will be received by us, would be transferred to the beneficiary shareholders and accordingly the respective beneficiary shareholders will be reporting this dividend income in their Income-tax Return of Income for AY 2024-25.							
6.	It is hereby requested to the Company to provide the credit of tax deducted at source on the dividend payouts by the Company, to the list of shareholders enclosed as $Appendix\ A$.							
bel	hereby confirm that the above information is true to the best of our knowledge and ief. In case of any change in the facts stated above, we will inform the Company mediately.							
I, _	, Compliance Officer of, ,							
Me	ember of Stock Exchange undertakes to provide any further documentation or ormation as the Company may request.							
	y liability arising on account of misrepresentation of facts by us in the above declaration uld be indemnified by us.							
Foi	r							
Sig	nature							
Co	ame) mpliance ficer Date:							
Pla	ice:							
No	tes: The Company will consider the information as available with the depositories							

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											