| Date: | | | | |
|---|--|--|--|--|
| Awfis, 27 & 2' | Aster DM Healthcare Limited Awfis, 2nd Floor, Renaissance Centra, 27 & 27/1, Mission Rd, Sampangi Rama Nagara, Rama Nagar, Bengaluru, Karnataka | | | |
| Subjec | t: De | claration regarding Category and Beneficial Ownership of Shares | | |
| Ref: PA | | per / DP ID/ Client ID — | | |
| Divide | nd pa | ace to the captioned subject, and in relation to the appropriate withholding of taxes on the syable to me / us by ASTER DM HEALTHCARE LIMITED (the Company), I / We are as under: | | |
| 1. | I/ W | | | |
| share/shares of the Company as on the record date, hereby declare that I am /we are tax residen of India for the period April 2025-March 2026 (Indian Fiscal Year). | | | | |
| 2. | 2. We hereby declare that (Select Applicable) | | | |
| | | We are Insurance Company and are the beneficial owner of the share/shares held in the Company; and we are submitting self-attested copy of PAN Card. | | |
| | | We are Mutual Fund specified in Section 10(23D) of the Income Tax Act, 1961 and are the beneficial owner of the share/shares held in the Company; and we are submitting self-attested copy of PAN Card and registration certificate. | | |
| | | We are Alternative Investment fund established in India and are the beneficial owner of the share/shares held in the Company; and our income is exempt under Section 10(23FBA) of the Act 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 registration certificate. | | |
| | | We are | | |

We are specified person <<mention category of person mentioned by provision>> in terms of section 10 and are the beneficial owner of the equity share(s) held in the Company; and our income is exempt under Section 10 of the Act and we are submitting self-attested copy of the documentary evidence supporting the exemption status along with self- attested copy of PAN

card

- 3. I/ We further indemnify the Company for any penal consequences arising out of any acts of commission or omission initiated by the Company by relying on my/ our above averment.
- 4. I/We hereby confirm that the above declaration should be considered to be applicable for all the shares held in the Company under PAN/ accounts declared in the form.

| Thanking you. | |
|---|--|
| Yours Faithfully, | |
| For <name of="" shareholder="" the=""></name> | |
| | |
| <insert signature=""></insert> | |
| Authorized Signatory - | |