

Beneficial Owner Declaration Form

Entity Information

Entity Name

Registration Number

Registered Address

Beneficial Owner Details

| Full Name | Date of Birth | Nationality | Identification Type | Identification Number | Residential Address | Shareholding (%) |
|----------------------|----------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Declaration

I/we hereby declare that the information provided above is true and correct to the best of my/our knowledge and belief.

Declared by (Full Name)

Designation

Date

Signature