Da	te:
250	etropolis Healthcare Limited O D, Udyog Bhavan, Worli,
	umbai- 400 030, India nail: metropolishealthcareltdtaxexemption@linkintime.co.in
De	ar Sir / Ma'am,
Su	b: Declaration regarding Category and Beneficial Ownership of Equity Shares
Re	: PAN: (Please mention your permanent account number) (unique identification number) provided by Indian Tax Authority, if any
	Folio Number / DP ID / Client ID:
on	th reference to the captioned subject and in relation to the appropriate withholding of taxes the Dividend payable to me / us by Metropolis Healthcare Limited (" the Company "), I / e hereby declare as under:
ded	We, (Full name of the member), (number of shares), holding equity share(s) of the Company, hereby clare that I am / we are tax resident of India for the period April 2022 to March 2023 (Indian cal Year).
We	e hereby declare that (Select Applicable):
	We are an Insurance Company, shareholders to whom Section 194 of the Income Tax, 1961 does not apply and we have full beneficial interest in the equity share(s) held in the Company and we are submitting a self-attested copy of PAN card and copy of registration certification issued by the IRDAI.
	OR
	We are Mutual Fund specified in Section 10(23D) of the Income-tax Act, 1961 and are the beneficial owners of the equity share(s) held in the Company; and we are submitting self-attested copy of PAN card and registration certificate.
	OR
	We are Alternative Investment fund (AIF) established in India and are the beneficial owner of the equity share(s) held in the Company and our income is exempt under Section 10(23FBA) of the Act and are governed by Securities and Exchange Board of India regulations as Category I or Category II AIF; and we are submitting self-attested copy of the PAN card and registration certificate issued by SEBI.

	OR		
	Gratuity Fund and we are specif	Funds, Approved Superannuation Fund and Approved fied in Circular No. 18 / 2017 issued by Central Board of submitting self-attested copy of PAN card and registration	
	OR		
		ne and we are specified in Section 10(44) of the Income self-attested copy of PAN card and registration certificate.	
	OR		
	We are		
VERIFICATION			
VI			
I/as of sha per recein the Au	We (Name of the control of th	he Shareholder) confirm that the above is true and I / we	
I/as of sha per recein the Au	We (Name of the solely responsible for any malty) arising under tax Income serived from the Company. Further relation to any Income tax consects Income Tax Laws if any of the authorities; (2) to provide all the authorities in this regard.	(Authorised Signatory*) he Shareholder) confirm that the above is true and I / we wincome-tax consequences (tax, including interest and Tax Act, 1961 in relation to the dividend income to be placed, I / we agree and undertake: (1) to indemnify the Company quences (tax, including interest and penalty) arising under bove is questioned and held otherwise by the Income Tax	

^{*} In case of any Authorised Signatory being other than Director / Managing Director, please attach the valid Power of Attorney authorising the individual as an Authorised Signatory.