FORM NO. BEN-2

[Pursuant to section 90(4) of The Companies Act, 2013 and rule 4 and rule 8 of the Companies (Significant Beneficial Owners) Rules, 2018]



Return to the Registrar in respect of declaration under section 90

Pre-fill

%

%

%

Form language

Refer the instruction kit for filing the form.

1. (a) * Corporate identity Number (CIN) of company

- 2. (a) Name of the company
 - (b) Registered Office Address

(c) * email Id

3. * Purpose of filing the form

- For declaration of holding reporting company
- For declaration of Significant Beneficial Ownership under Section 90
 - For change in Significant Beneficial Ownership under Section 90

| ISignificant Beneficial ()wher | Number of Members through whom indirect holding or right in reporting company is being exercised |
|--------------------------------|--------------------------------------------------------------------------------------------------|
| SBO1 | |

(A).Details of the Member

*Manner in which significant beneficial interest is being held or exercised either indirectly or together with

any direct holding or right (select one or more as may be applicable)

By virtue of shares

By virtue of voting rights in shares

By virtue of rights on distributable dividend or any other distribution

By virtue of exercise of control (attach copy of agreement)

| By virtue of exercise of significant influence (attach o | copy of agreement) |
|----------------------------------------------------------|--------------------|
|----------------------------------------------------------|--------------------|

Particulars of the Member

(a) Type of Member

| (b) Corporate Identity | y number(CIN) or Foreign Com | pany Registration | | Pre-fill |
|-------------------------|-----------------------------------|--------------------------|------------|----------|
| Number (FCRN) or L | imited Liability partnership Ider | ntification number (LLPI | 1) | |
| or any other registrat | tion number | | | |
| (c) Name of the Mem | nber | | | |
| (d) Address | | | | |
| Line I | | | | |
| Line II | | | | |
| City | | State | | |
| Country | | Pin Code | | |
| (e) Email ID of the M | lember | | | |
| (f) Date of entry of na | ame in register u/s 88 | (DD |)/MM/YYYY) | |
| (B). Status of the S | 3BO | |] | |
| | | | | |

| C). Whether individual (SBO) has majority sta | ke in the | |
|----------------------------------------------------------|----------------------------------------|--------------------------|
| Member of the Reporting Company | | |
| Ultimate Holding Company of the memb | er of the reporting company | |
| Corporate Identity number (CIN) or FCRN or o | ther registration number | Pre-fill |
| Name of the ultimate holding company | | |
| (D). Whether the individual (SBO): | | |
| is a Partner of the member | | |
| holds majority stake in the body corpora | | |
| holds majority stake in the ultimate hold | ding company of the body corporat | e partner |
| Corporate Identity number (CIN) or FCRN or | - | Pre-fill |
| Name of the body corporate partner / ultimat | e holding company | |
| | | |
| (E). Particulars of the Significant Beneficial Ov | vner | |
| ID of the Significant Beneficial Owner | | Pre-fill |
| (a) Name First Name | | |
| Middle Name | | |
| Last Name | | |
| (b) Father's Name (Even married women | must give father's name) | |
| First Name | | |
| Middle Name | | |
| | | |
| Last Name | | |
| (c) Date of Birth | (DD/MM/YYYY) | |
| (d) Nationality | | |
| (e) Whether a citizen of India OYes | ○ No | |
| (f) Income Tax PAN | Verify Inco | ome-tax PAN details |
| (g) Passport Number | | |
| (h) Address | | |
| Line I | | |
| Line II | | |
| City | State | |
| Country | Pin Code | |
| (i) Email ID of the Significant Beneficial C | Dwner | |
| (j) Date of acquiring Significant Beneficial | I Interest | (DD/MM/YYYY) |
| (k) Date of declarations under sub-sectior | n (1) of Section 90 | (DD/MM/YYYY) |
| (I) Date of receipt of the declaration by th | e company | (DD/MM/YYYY) |
| (m) Whether Significant Beneficial Owner | has any direct holding or right in the | ne reporting company |
| | | lo |
| If yes, enter details below: | | |
| By virtue of shares | | % |
| By virtue of voting rights in shares | | % |
| By virtue of rights on distributable di | ividend or any other distribution | % |
| By virtue of exercise of control (atta | ch copy of agreement) | |

By virtue of exercise of significant influence (attach copy of agreement)

| | | List of attachments |
|-----------------------------------------------|------------------------------|------------------------------------------|
| Attachments: | ſ | |
| 1.*Declaration under Section 90 | Attach | |
| 2. Optional attachments, if any | Attach | |
| | | |
| | | |
| | | |
| | | Remove attachment |
| Declaration | | |
| o the best of my knowledge and belief, the in | formation given in this form | and attachments is correct and complete. |
| have been authorized by board of directors' | resolution dated * | (DD/MM/YYYY) to |

C

| I have been authorized by b | oard of directors' resolution dated * | (DD/MM/ |
|-------------------------------|---------------------------------------|---------|
| sign and submit this form. | | |
| *To be digitally signed by | | |
| *Designation | | |
| *Director identification numb | per of the director; or | |
| DIN or PAN of the manager | or CEO or CFO; or | |

Membership number of the company secretary.

Certificate by Practicing professional

It is here by certified that I have gone through the provisions of the Companies Act, 2013 and Rules thereunder for the subject matter of this form and matters incidental thereto and I have verified the above particulars (including attachments(s)) from the original records maintained by the Company which is subject matter of this form and found them to be true, correct and complete and no information material to this form has been suppressed.

| Chartered accountant (in whether the second seco | ole-time practice) or | Cost accountant (in whole-time pr | actice) or |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------|
| C Company secretary (in whole | e-time practice) | | |
| Whether associate or fellow | ⊖ Associate ⊖ Fellow | | |
| Membership Number | | | |
| Certificate of Practice Number | | | |
| | | | |
| Modify | Check Form | Prescrutiny | Submit |
| Note: Attention is also drawn to provisions of Section 448 and 449 which provide for punishment for false | | | |

statement and punishment for false evidence respectively.

This e-Form has been taken on file maintained by the register of companies through electronic mode and on the basis of statement of correctness given by the Director and professional.