FORM NO. BEN-2

[Return to the Registrar in respect of declaration under section 90]

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

Form language  ☐ English  ☐ Hindi

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  

<table>
<thead>
<tr>
<th>Significant Beneficial Owner</th>
<th>Number of Members through whom indirect holding or right in reporting company is being exercised</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBO1</td>
<td></td>
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</tbody>
</table>

(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 copy of agreement)  

Particulars of the Member  

(a) Type of Member  

(b) Corporate Identity number (CIN) or Foreign Company Registration Number (FCRN) or Limited Liability partnership Identification number (LLPIN) or any other registration number  

(c) Name of the Member  

(d) Address  

   Line I  
   Line II  
   City  
   State  
   Country  
   Pin Code  

(e) Email ID of the Member  

(f) Date of entry of name in register u/s 88 (DD/MM/YYYY)  

(B). Status of the SBO  

Page 1 of 3
(C). Whether individual (SBO) has majority stake in the

- Member of the Reporting Company
- Ultimate Holding Company of the member of the reporting company

Corporate Identity number (CIN) or FCRN or other registration number
Name of the ultimate holding company

(D). Whether the individual (SBO):

- is a Partner of the member
- holds majority stake in the body corporate partner
- holds majority stake in the ultimate holding company of the body corporate partner

Corporate Identity number (CIN) or FCRN or other registration number
Name of the body corporate partner / ultimate holding company

(E). Particulars of the Significant Beneficial Owner

ID of the Significant Beneficial Owner

(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
   Yes
   No

(f) Income Tax PAN
   Verify Income-tax PAN details

(g) Passport Number

(h) Address
   Line I
   Line II
   City
   State
   Country
   Pin Code

(i) Email ID of the Significant Beneficial Owner

(j) Date of acquiring Significant Beneficial Interest
   (DD/MM/YYYY)

(k) Date of declarations under sub-section (1) of Section 90
   (DD/MM/YYYY)

(l) Date of receipt of the declaration by the company
   (DD/MM/YYYY)

(m) Whether Significant Beneficial Owner has any direct holding or right in the reporting company
   Yes
   No

If yes, enter details below:

- 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 copy of agreement)

Attachments:
1. Declaration under Section 90
2. Optional attachments, if any

Declaration
To the best of my knowledge and belief, the information given in this form and attachments is correct and complete. I have been authorized by board of directors’ resolution dated * (DD/MM/YYYY) to sign and submit this form.

*To be digitally signed by
*Designation

*Director identification number 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 hereby 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 whole-time practice) or
- Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)

Whether associate or fellow
- Associate
- Fellow

Membership Number

Certificate of Practice Number

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.