ARN-4464 E032737 VIKRAM S. BAGADTHEY

Payment by Employer on behalf of employee or by any other person on another person's behalf for any commercial consideration:

To whomsoever it may concern

/ we hereby declare that the application form no:		for subscription of units in			(Name of
	option) is accompanied				
	(Name of the Bank				
	, who is my / ou				
•	of the cheque with the un	,			
	(please specify the re	eason for such	payment : f	inancial help / commercial	consideration / terms of
Employment contract / specif	fy reason, if any other)				
Signature of Declarant(s)					
(D) (A)					
Name of Declarant(s)					
ncome rax PAN no:					
Address of Declarant(s)					
daress of Decidiani(s)					
	City:				
	State:				
	PIN / Postal code:				
	Country:				
	Signature of Beneficiary	(ies)			