

(CIN: L15133UR1990PLC023970)

Regd. Office: Lal Tappar Industrial Area, P.O. - Resham Majri, Haridwar Road, Dehradun (Uttarakhand)
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Dear Shareholder(s),

#### Sub: Communication for deduction of Tax on Dividend for 2019-20

We are pleased to inform you that the Board of Directors have, at their Meeting held on 27<sup>th</sup> June, 2020, recommended a dividend of Rs.0.75/- per Equity Share of Rs.10/- each (7.5%) for the financial year ended 31<sup>st</sup> March, 2020. As you are aware, as per the Income Tax Act, 1961 ('the Act'), as amended by the Finance Act, 2020, dividends paid or distributed by a Company after April 01, 2020 shall be taxable in the hands of the Shareholders and the Company shall be required to deduct tax at source at the time of making the payment of the Dividend, if declared, at the ensuing Annual General Meeting of the Company.

This Communication provides the applicable TDS provisions under the Act for resident and Non-Resident shareholders categories.

The Tax Deduction at Source (TDS) rate may vary depending on the residential status of the shareholder, its classification under the provisions of the Act and the documents submitted and accepted by the Company in accordance with the provisions of the Act.

Please refer to the table 1 & 2 below for the rate of TDS for FY 2020-21 various categories and documents to be provided:

**Table 1: Resident Shareholders** 

| Category of shareholder                                                                                                                                                 | Tax Deduction<br>Rate            | Exemption applicability/Documentation requirement                                                                                                                                                                                                                                                                                                              |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Any resident shareholder                                                                                                                                                | 7.5%                             | Update the Permanent Account Number (PAN) if not already done with depositories (in case of shares held in demat mode) and with the Company (in case of shares held in physical mode).                                                                                                                                                                         |  |  |  |
|                                                                                                                                                                         |                                  | No deduction of taxes in the following cases -                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                         |                                  | <ul> <li>If dividend income to a resident Individual shareholder paid<br/>or likely to be paid during FY 2020-21 does not exceed Rs.<br/>5,000/-</li> </ul>                                                                                                                                                                                                    |  |  |  |
|                                                                                                                                                                         |                                  | <ul> <li>If shareholder is exempted from TDS provisions through<br/>any circular or notification and provides an attested copy<br/>of the PAN and registration documents along with the valid<br/>documentary evidence in support of the same.</li> </ul>                                                                                                      |  |  |  |
| Resident Shareholder<br>Submitting Form 15G/<br>Form 15H Covered under<br>Section 197A of the Act.                                                                      | NIL                              | Eligible Resident Shareholder providing duly signed Form 15G (applicable to any person other than a Company or a Firm) / Form 15H (applicable to an Individual who is of the age of 60 years or above at any time during FY 2020-21) - on fulfillment of prescribed conditions and furnishing copy of Permanent Account Number. Please refer attached formats. |  |  |  |
| Certificate under section<br>197of the Act                                                                                                                              | Rate provided in the certificate | Lower/Nil withholding tax certificate obtained from Income Tax authorities.                                                                                                                                                                                                                                                                                    |  |  |  |
| Life Insurance Company<br>established under LIC<br>Act,1956 and GIC<br>and Other Insurance<br>Companies specified<br>under Second Proviso to<br>Section 194 of the Act. | NIL                              | Documentary evidence that the assessee is covered under Second Proviso to Section 194 of the Act. Also self-attested copy of registration certificate issued by IRDAI.                                                                                                                                                                                         |  |  |  |

| Category of shareholder                                                                                       | Tax Deduction<br>Rate | Exemption applicability/Documentation requirement                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Corporation established                                                                                       | NIL                   | (a) Self-Declaration stating that the shareholder is                                                                                                                                                                                |
| by or under a Central Act which is, under any law for the time being in force, exempt from income- tax on its |                       | - Corporation established by or under a Central Act which is, under any law for the time being in force exempt from income- tax on its income (giving the details of Act or Law under which it is exempt)                           |
| income.                                                                                                       |                       | - covered by section 196(iii) of the Act; and                                                                                                                                                                                       |
|                                                                                                               |                       | <ul> <li>i) dividend is payable in respect of securities or shares<br/>owned by corporation; or</li> </ul>                                                                                                                          |
|                                                                                                               |                       | ii) in which corporation has full beneficial interest in shares                                                                                                                                                                     |
|                                                                                                               |                       | (b) Self-attested copy of PAN Card                                                                                                                                                                                                  |
|                                                                                                               |                       | (c) Self-attested copy of certificate of incorporation.                                                                                                                                                                             |
| Mutual Funds specified                                                                                        | NIL                   | - Self-Declaration stating that the shareholder is                                                                                                                                                                                  |
| u/s 10(23D) of the Act                                                                                        |                       | a) Mutual Funds specified u/s 10(23D) of the Act; and                                                                                                                                                                               |
|                                                                                                               |                       | <ul> <li>dividend is payable in respect of securities or shares<br/>owned by mutual fund or</li> </ul>                                                                                                                              |
|                                                                                                               |                       | in which mutual fund has full beneficial interest .                                                                                                                                                                                 |
|                                                                                                               |                       | b) covered by section 196(iv) of the Act.                                                                                                                                                                                           |
|                                                                                                               |                       | <ul> <li>Self-Attested copy of the registration certificate issued<br/>by SEBI.</li> </ul>                                                                                                                                          |
|                                                                                                               |                       | - Self-Attested copy of PAN Card.                                                                                                                                                                                                   |
| Alternative<br>Investment fund                                                                                | NIL                   | (a) Documentary evidence (Self Attested Copy of Notification issued by the Central Government in official Gazette in this behalf) that the fund is covered under newly substituted Section 197A(1F) of the Act.                     |
|                                                                                                               |                       | (b) A declaration that its income is exempt u/s 10(23FBA) of the Act and they are established as Category I or Category II AIF under the SEBI regulations along with a copy of valid SEBI registration certificate (self-attested). |
|                                                                                                               |                       | (c) Self-Attested Copy of the PAN card.                                                                                                                                                                                             |
|                                                                                                               |                       | Note: W.e.f 01.04.2020, the name of AIF claiming exemption should be notified by the Central Government in the official Gazette.                                                                                                    |
| Other resident shareholder without PAN/ invalid/ inoperative PAN                                              | 20%                   | As per section 206AA of the Act (refer note below)                                                                                                                                                                                  |

### Please note that:

- Permanent Account Number is mandatory to be registered for each Folio/DP id- Client Id. In absence of a valid/ operative PAN, tax will be deducted at a higher rate of 20% as per Section 206AA of the Act and tax credit certificate cannot be generated.
- Shareholders, holding shares under multiple accounts under different status / category and single PAN, may note that higher of the tax as applicable to the status in which shares held under a PAN will be considered on their entire holding in different accounts.

**Table 2: Non-resident Shareholders** 

| Category of                                                                                                                                     | Tax Deduction                                                   | Exemption applicability/                                                                                                                                                                                                                                                  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| shareholder                                                                                                                                     | Rate                                                            | Documentation requirement                                                                                                                                                                                                                                                 |  |  |  |  |  |
| Foreign Institutional<br>Investors, Foreign<br>Portfolio Investors (FII,<br>FPI) referred under<br>section 115AD of the<br>Income Tax Act,1961. | 20% (plus<br>applicable<br>surcharge and<br>cess)               | a) Self attested copy of PAN Card, ifany     b) Self attested copy of registration of FII/FPI by SEBI                                                                                                                                                                     |  |  |  |  |  |
| Submitting certificate under section 197 of the Act                                                                                             | Rate provided in the certificate                                | Lower/NIL withholding tax certificate obtained from Income Tax authorities.                                                                                                                                                                                               |  |  |  |  |  |
| Any other non-resident<br>shareholder or a Foreign<br>company referred under<br>section 115A of the Act                                         | 20% (plus<br>applicable<br>surcharge and<br>cess) or Tax Treaty | Non-resident shareholders may opt for tax rate under Double Taxation Avoidance Agreement ("Tax Treaty"). The Tax Treaty rate shall be applied for tax deduction at source on submission of following documents to the company:-                                           |  |  |  |  |  |
|                                                                                                                                                 | rate whichever is<br>lower (also refer<br>note below)           | <ul> <li>Self-attested copy of the PAN allotted by the Indian authorities.</li> </ul>                                                                                                                                                                                     |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | <ul> <li>Self-attested copy of Tax Residency Certificate (TRC) obtained from the tax authorities of the country of which the shareholder is resident evidencing and certifying shareholder's tax residency status during FY 2020-21.</li> </ul>                           |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | <ul> <li>Completed and duly signed self- declaration in Form 10F<br/>(format attached). Also refer note below.</li> </ul>                                                                                                                                                 |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | Self-declaration confirming                                                                                                                                                                                                                                               |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | (a) Beneficial ownership of shares as well as dividends during FY 2020-21,                                                                                                                                                                                                |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | (b) Not having a Permanent Establishment ('PE') in India; and                                                                                                                                                                                                             |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | (c) Eligibility to avail Tax Treaty benefit including for the<br>purpose of withholding of taxes (format, attached). Also<br>refer note below.                                                                                                                            |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | TDS shall be recovered at 20% (plus applicable surcharge and cess) if any of the above-mentioned documents are not provided.                                                                                                                                              |  |  |  |  |  |
|                                                                                                                                                 |                                                                 | The Company is not obligated to apply the Tax Treaty rates at the time of tax deduction/withholding on dividend amounts. Application of Tax Treaty rate shall depend upon the completeness of the documents submitted and satisfactory review of the same by the Company, |  |  |  |  |  |

#### Notes:

- In Case of Non-Individual, Form 10F, Declaration of Non P.E. and Beneficial Ownership should be on the Letterhead of the Entity.
- Where the PAN is either not available or is invalid, Tax Treaty benefit shall not be granted and tax shall be deducted at the prescribed rate or 20%, whichever is higher.
- The shareholders, holding shares under multiple accounts under different status / category and single PAN, may note that higher of the tax as applicable to the status in which shares held under a PAN will be considered on their entire holding in different accounts.
- In the event of any income tax demand (including interest, penalty, etc.) arising from any misrepresentation, inaccuracy or omission of information provided / to be provided by the Shareholder(s), such Shareholder(s) will be responsible to indemnify the Company and also, provide the Company with all information / documents and co-operation in any appellate proceedings.

 Above communication on TDS sets out the provisions of law in a summary manner only and does not purport to be a complete analysis or listing of all potential tax consequences. Shareholders should consult with their own tax advisors for the tax provisions that may be applicable to them.

Kindly note that the documents as mentioned in the Table 1 and 2 above are required to be emailed to us at email ID "RITDS.dividend2020@flexfoodsltd.com (for resident Shareholders); NRTDS.dividend2020@flexfoodsltd.com (for non-resident Shareholders)" on or before September 7, 2020\_in order to enable the Company to determine and deduct appropriate TDS / withholding tax rate. No communication/documents on the tax determination / deduction shall be considered post, September 7, 2020. Further, it may kindly be noted that no claim shall lie against the Company for such taxes deducted/not deducted

If the tax on said Final Dividend is deducted at a higher rate in absence of receipt of or satisfactory completeness of the afore-mentioned details/documents by September 7, 2020, the shareholder may claim an appropriate refund in the return of income filed with the Indian Income Tax Authorities.

The Company will arrange to email a soft copy of the TDS certificate at the shareholders registered email ID in due course, after payment of the said Final Dividend. TDS certificate cannot be generated for resident shareholders not having PAN. Shareholders will also be able to see the credit of TDS in Form 26AS, which can be downloaded from their e-filing account at <a href="https://incometaxindiaefiling.gov.in">https://incometaxindiaefiling.gov.in</a>.

In view of the COVID 19 situation, shareholders are requested to complete necessary formalities with regard to their bank accounts attached to their demat account / folio ids for enabling the Company to make timely credit of dividend in the respective bank accounts.

We request your kind cooperation in this regard. Thanking you,

Yours faithfully,

For FLEX FOODS LIMITED

Sd/-

**RAJESH DHEER** 

**Company Secretary** 

| Name of the Company | Dp. Id - Client Id/ Folio No. |
|---------------------|-------------------------------|
| FLEX FOODS LIMITED  |                               |

## <sup>1</sup>FORM NO. 15H

[See section 197A(1C) and rule 29C]

# Declaration under section 197A(1C) to be made by an individual who is of the age of sixty years or more claiming certain incomes without deduction of tax.

## PART I

| 1.                               | Name of Assessee (Declarant)                                        |                                                         |                                                                       | 2.                                               | or A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | nanent Account Number<br>adhaar Number of the<br>essee <sup>1</sup>                                                                                                              | Date of Birth2 (DD/MM/YYYY)     |                                             |                             |                                             |                              |                           |
|----------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|-----------------------------|---------------------------------------------|------------------------------|---------------------------|
| 4.                               | 4. Previous year(P.Y.)³ (for which declaration is being made)       |                                                         |                                                                       |                                                  | Flat/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Door/Block No.                                                                                                                                                                   | 6. Na                           | ame of                                      | Prem                        | ises                                        |                              |                           |
|                                  |                                                                     |                                                         | ,                                                                     |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
| 7.                               | Road/Str                                                            | eet/Lane                                                | 8. Area/Lo                                                            | ocality                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9. Town/City/District                                                                                                                                                            |                                 | 10.                                         | State                       | <del></del>                                 |                              |                           |
|                                  |                                                                     |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
| 11.                              | PIN                                                                 | 12. Email                                               |                                                                       |                                                  | 13.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone No. (with STD C                                                                                                                                                        | ode) an                         | <br>d Mobil                                 | e No.                       |                                             |                              |                           |
|                                  |                                                                     |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . ,                                                                                                                                                                              | ,                               |                                             |                             |                                             |                              |                           |
| 14                               | (a) Whe                                                             | ther assessed                                           | to tax4:                                                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  | Yes                             |                                             |                             | No                                          |                              |                           |
|                                  | (b) If ye                                                           | s, latest assess                                        | sment year fo                                                         | or which a                                       | sses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | sed                                                                                                                                                                              |                                 |                                             |                             |                                             |                              |                           |
| 15.                              | Estimate                                                            | d income for w                                          | hich this decl                                                        | aration is                                       | mad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e                                                                                                                                                                                |                                 |                                             |                             |                                             |                              |                           |
| 16.                              |                                                                     |                                                         | of the P.Y. in                                                        | which inc                                        | ome                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | mentioned in column 15 to                                                                                                                                                        |                                 |                                             |                             |                                             |                              |                           |
|                                  | be includ                                                           | ea°<br>                                                 |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
| 17.                              | Details o                                                           | Form No.15H                                             | other than th                                                         | nis form fi                                      | led fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | r the previous year, if any <sup>6</sup>                                                                                                                                         |                                 |                                             |                             |                                             |                              |                           |
| Tota                             | al No. of F                                                         | orm No.15H file                                         | ed                                                                    | Aggrega                                          | te an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nount of income for which Fo                                                                                                                                                     | rm No.1                         | 5H filed                                    | b                           |                                             |                              |                           |
|                                  |                                                                     |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
| 18.                              | Details of                                                          | income for whi                                          | ch the declar                                                         | ration is f                                      | iled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
| SI. I                            | SI. No. Identification number of relevant investment/account, etc.7 |                                                         |                                                                       |                                                  | Nature of income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                  |                                 | Section under<br>which tax is<br>deductible |                             |                                             | Amount of income             |                           |
|                                  |                                                                     |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
|                                  |                                                                     |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 | S                                           | ignatı                      | ure of the                                  | e Dec                        | larant                    |
| 1982<br>Rules<br>(Twe            | , w.e.f. 21-6<br>s, 1992, w.<br>lfth Amdt.) l                       | 6-1982, IT (Fifth /<br>e.f. 1-6-1992, IT                | Amdt.) Rules,<br>(Seventh Am<br>f. 21-6-2002, l'                      | 1989, w.r.e<br>dt.) Rules,<br>T (Eighth <i>A</i> | e.f. 1-4<br>1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1-10-2015</b> . Earlier Form No. 15<br>-1988, IT (Fourteenth Amdt.) Ru<br>k, w.e.f. 1-7-1995, IT (Thirty-sec<br>Rules, 2003, w.e.f. 9-6-2003, IT                              | les, 1990<br>ond Amo            | ), w.e.f.<br>lt.) Rule                      | 20-11-<br>s, 199            | 1990, IT (T<br>9, w.e.f. 19                 | welfth<br>9-11-19            | Amdt.)<br>999, IT         |
|                                  |                                                                     |                                                         |                                                                       |                                                  | Decl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | aration/Verification <sup>8</sup>                                                                                                                                                |                                 |                                             |                             |                                             |                              |                           |
| best<br>not ir<br>estim<br>17 co | of my know<br>acludible in<br>ated total in<br>amputed in           | ledge and belief<br>the total income<br>ncome including | what is stated<br>of any other p<br>*income/incor<br>on the provision | l above is<br>person und<br>mes referre          | corrections corrected to the correct c | ning of section 6 of the Income-<br>tt, complete and is truly stated a<br>stions 60 to 64 of the Income-tax<br>n column 15 *and aggregate am<br>-tax Act, 1961, for the previous | nd that the Act, 196 nount of * | ne incon<br>31. I furt<br>income/           | nes ret<br>her de<br>/incom | ferred to in<br>clare that t<br>es referred | this fo<br>he tax<br>to in o | rm are<br>on my<br>column |
| Place                            | e:                                                                  |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                  |                                 |                                             |                             |                                             |                              |                           |
| Date:                            | :                                                                   |                                                         |                                                                       |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signa                                                                                                                                                                            | ature of t                      | ne Decla                                    | arant                       |                                             |                              |                           |

#### **PART II**

## [To be filled by the person responsible for paying the income referred to in column 15 of Part I]

| 1.           | Name of the person responsible                                                        | for p | 2. Unique Identification No.9     |                          |    |                                                            |
|--------------|---------------------------------------------------------------------------------------|-------|-----------------------------------|--------------------------|----|------------------------------------------------------------|
|              |                                                                                       |       |                                   |                          |    |                                                            |
| 3.           | Permanent Account Number or<br>Aadhaar Number of the person<br>responsible for paying | 4.    | Complete Address                  |                          | 5. | TAN of the person responsible for paying                   |
|              |                                                                                       |       |                                   |                          |    |                                                            |
| 6.           | Email                                                                                 | 7.    | Telephone No. (wit and Mobile No. | h STD Code)              | 8. | Amount of income paid <sup>10</sup>                        |
|              |                                                                                       |       |                                   |                          |    |                                                            |
| 9.           | Date on which Declaration is reco<br>YYYY)                                            | eive  | d (DD/MM/ 10.                     | Date on which (DD/MM/YYY |    | e income has been paid/credited                            |
|              |                                                                                       |       |                                   |                          |    |                                                            |
|              |                                                                                       |       | =                                 |                          |    |                                                            |
| Plad<br>Date |                                                                                       |       |                                   | •                        |    | erson responsible for paying the<br>in column 15 of Part I |

\*Delete whichever is not applicable.

- As per provisions of section 206AA(2), the declaration under section 197A(1C) shall be invalid if the declarant fails to furnish his valid Permanent Account Number or Aadhaar Number.
- 2. Declaration can be furnished by a resident individual who is of the age of 60 years or more at any time during the previous year.
- 3. The financial year to which the income pertains.
- 4. Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.
- 5. Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.
- 6. In case any declaration(s) in Form No. 15H is filed before filing this declaration during the previous year, mention the total number of such Form No. 15H filed along with the aggregate amount of income for which said declaration(s) have been filed.
- 7. Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.
- 8. Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable—
  - (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
  - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine
- 9. The person responsible for paying the income referred to in column 15 of Part I shall allot a unique identification number to all the Form No. 15H received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15G during the same quarter, please allot separate series of serial number for Form No.15H and Form No.15G.
- 10. The person responsible for paying the income referred to in column 15 of Part I shall not accept the declaration where the amount of income of the nature referred to in section 197A(1C) or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax after allowing for deduction(s) under Chapter VI-A, if any, or set off of loss, if any, under the head "income from house property" for which the declarant is eligible. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 15 and 17.

[Provided that such person shall accept the declaration in a case where income of the assessee, who is eligible for rebate of income-tax under section 87A, is higher than the income for which declaration can be accepted as per this note, but his tax liability shall be nil after taking into account the rebate available to him under the said section 87A.

1. Inserted by Income-tax (4th Amendment) Rules, 2019, w.e.f. 22-5-2019.

| Name of the Company | Dp. Id - Client Id/ Folio No. |
|---------------------|-------------------------------|
| FLEX FOODS LIMITED  |                               |

## INCOME-TAX RULES, 1962 <sup>1</sup>FORM NO. 15G

[See section 197A(1), 197A(1A) and rule 29C]

Declaration under section 197A(1) and section 197A(1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax

#### PARTI

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         | IAI                                         |                                             |                                                                                                      |                             |                    |               |              |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------|---------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|---------------|--------------|----------------|
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name of Assessee (De                               | clarant)                |                                             | 2. PAN of the Assessee <sup>1</sup>         |                                                                                                      |                             |                    |               |              |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | ious year<br>vhich decl | (P.Y.)³<br>laration is being mad            | de)                                         | 5. ResidentialStatus <sup>4</sup>                                                                    |                             |                    |               |              |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
| 6.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Flat/Door/Block No.                                | 7. Nam                  | ne of Premises                              | 8. Road/Street/Lane                         |                                                                                                      |                             | 9. <i>A</i>        | Area/Locality | У            |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Town/City/District                                 | 11. State               | е                                           | 12. F                                       | PIN                                                                                                  |                             |                    | 13. E         | Email        |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone No. (with STD Code) and                  |                         | Whether assessed to<br>ax under the Income- | -tax                                        |                                                                                                      | Yes                         |                    |               | No           |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mobile No.                                         |                         | act, 1961 <sup>5</sup>                      |                                             |                                                                                                      |                             |                    |               |              |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         | yes, latest assessm<br>or which assessed    | ent ye                                      | ear                                                                                                  |                             |                    |               |              |                |
| 16. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Estimated income for w                             | hich this               | declaration is made                         |                                             | Estimated total income of the P.Y. in which income mentioned in column16 to be included <sup>6</sup> |                             |                    |               |              |                |
| 18. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Details of Form No.150                             | other tha               | an this form filed duri                     | ing the                                     | e prev                                                                                               | rious year, i               | f any <sup>7</sup> |               |              |                |
| Tota                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | l No. of Form No.15G f                             | iled                    | Aggregate am                                | nount of income for which Form No.15G filed |                                                                                                      |                             |                    |               |              |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
| 19. I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Details of income for w                            | hich the d              | leclaration is filed                        |                                             |                                                                                                      |                             |                    |               |              |                |
| SI.<br>No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Identification number<br>relevant investment/setc8 |                         | Nature of income                            |                                             |                                                                                                      | ion under w<br>s deductible |                    | Amo           | unt of incom | ne             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
| *I/We _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ete and is truly stated. *I/We o                   |                         | Declaration/V reby declare that to the b    | est of '                                    | my /ou                                                                                               |                             |                    | ief wha       |              | ve is correct, |
| sections 60 to 64 of the Income-tax Act, 1961. *I/We further declare that the tax *on my/our estimated total income including *income/income referred to in column 16 *and aggregate amount of *income/incomes referred to in column 18 computed in accordance with the provisions of Income-tax Act, 1961, for the previous year ending on 31-MAR-2021. relevant to the assessment year 2021-2022.will be <i>nil</i> . *I/We also declare *my/our *income/incomes referred to in column16 *and the aggregate amount of *income/incomes referred to in column 18 for the previous yending on 31-MAR-2021. relevant to the assessment year 2021-2022 will not exceed the maximum amount which is not charge-able to income- |                                                    |                         |                                             |                                             | ome/incomes<br>visions of the<br>o declare that<br>previous year                                     |                             |                    |               |              |                |
| Place:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                         |                                             |                                             |                                                                                                      |                             |                    |               |              |                |
| Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                         |                                             |                                             |                                                                                                      | Signature                   | of the I           | Declara       | nt           |                |

I. Substituted by IT (Fourteenth Amdt.) Rules 2015, w.e.f. **1-10-2015**. Earlier Form No.15G was inserted by the IT (Fifth Amdt.) Rules, 1982, w.e.f. 21-6-1982 and later on amended by the IT (Fifth Amdt.) Rules, 1989, w.r.e.f. 1-4-1988, IT (Fourteenth Amdt.) Rules, 1990, w.e.f. 20-11-1990 and IT (Twelfth Amdt.) Rules, 2002, w.e.f. 21-6-2002 and substituted by the IT (Eighth Amdt.) Rules, 2003, w.e.f. 9-6-2003 and IT (Second Amdt.) Rules, 2013, w.e.f. 19-2-2013.

#### PART II

## [To be filled by the person responsible for paying the income referred to in column 16 of Part I]

| 1. | . Name of the person responsible for paying        |                     |                                             |                                                                  |    | Unique Identification No.11              |
|----|----------------------------------------------------|---------------------|---------------------------------------------|------------------------------------------------------------------|----|------------------------------------------|
|    |                                                    |                     |                                             |                                                                  |    |                                          |
| 3. | PAN of the person responsible for paying           | 4. Complete Address |                                             |                                                                  | 5. | TAN of the person responsible for paying |
|    |                                                    |                     |                                             |                                                                  |    |                                          |
| 6. | Email                                              | 7.                  | 7. Telephone No. (with STD Code) Mobile No. |                                                                  |    | 8. Amount of income paid 12              |
|    |                                                    |                     |                                             |                                                                  |    |                                          |
|    |                                                    |                     |                                             |                                                                  |    |                                          |
| 9. | Date on which Declaration is received (DD/MM/YYYY) |                     |                                             | Date on which the income has been paid/<br>credited (DD/MM/YYYY) |    |                                          |
|    |                                                    |                     |                                             |                                                                  |    |                                          |
|    |                                                    |                     |                                             |                                                                  |    |                                          |

\*Delete whichever is not applicable.

Place:

Date:

1 As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

Signature of the person responsible for paying the income referred to in

column16 of Part I

- 2 Declaration can be furnished by an individual under section 197 A (1) and a person (other than a company or a firm) under section 197A(1A).
- 3 The financial year to which the income pertains.
- 4 Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.
- 5 Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.
- 6 Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.
- 7 Incase any declaration(s) in Form No.15G is filed before filing this declaration during the previous year, mention the total number of such Form No.15G filed alongwith the aggregate amount of income for which said declaration(s) have been filed.
- 8 Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.
- 9 Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.
- 10 Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-
  - (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
  - (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.
- 11 The person responsible for paying the income referred to in column16 of Part I shall allot a unique identification number to all theFormNo.15G received by him during a quarter of the financial year and report this reference number alongwith the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. Incase the person has also received FormNo.15H during the same quarter, please allot separate series of serial number for FormNo.15G and FormNo.15H.
- 12 The person responsible for paying the income referred to in column 16 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 16 and 18.

#### FORM NO. 10F

[See sub-rule (1) of rule 21AB]

## Information to be provided under sub-section (5) of section 90 or sub-section (5) of section 90A of the Income-tax Act, 1961

| I           | *son/daughter of Shri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | in the                        |  |  |  |  |  |  |  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--|--|--|--|--|--|
|             | ty of (designation) do provide the following information, relevant to the previous capacity of of for the purposes of sub-section (5) of *section 90/section 90A:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | year *in my case/in the case  |  |  |  |  |  |  |  |
| SI.<br>No . | Nature of information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Details #                     |  |  |  |  |  |  |  |
| (i)         | Status (individual, company, firm etc.) of the assessee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |  |  |  |  |  |  |  |
| (ii)        | Permanent Account Number or Aadhaar Number of the assessee if allotted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |  |  |  |  |  |  |  |
| (iii)       | Nationality (in the case of an individual) or Country or specified territory of incorporation or registration (in the case of others)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |  |  |  |  |  |  |
| (iv)        | Assessee's tax identification number in the country or specified territory of residence and if there is no such number, then, a unique number on the basis of which the person is identified by the Government of the country or the specified territory of which the assessee claims to be a resident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |  |  |  |  |  |  |  |
| (v)         | Period for which the residential status as mentioned in the certificate referred to in sub-section (4) of section 90 or sub-section (4) of section 90A is applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               |  |  |  |  |  |  |  |
| (vi)        | Address of the assessee in the country or territory outside India during the period for which the certificate, mentioned in $(v)$ above, is applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |  |  |  |  |  |  |  |
| the         | ave obtained a certificate referred to in sub-section (4) of section 90 or sub-section (5) of section 90 or sub-section (6) of section 90 or sub-section (7) of section 90 or sub-section (8) of section 90 or sub-section (9) or sub-se | • ,                           |  |  |  |  |  |  |  |
|             | Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |  |  |  |  |  |  |  |
|             | Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |  |  |  |  |  |  |
|             | Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |  |  |  |  |  |  |  |
|             | Permanent Account Number or Aadhaar Nur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nber                          |  |  |  |  |  |  |  |
|             | Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |  |  |  |  |  |  |  |
| stated      | I do hereby declare that to the best of my ki<br>above is correct, complete and is truly stated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nowledge and belief what is   |  |  |  |  |  |  |  |
| Verified    | d today the day of<br>Signature of the per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | son providing the information |  |  |  |  |  |  |  |

#### Notes:

1. \*Delete whichever is not applicable.

Place:

2. #Write N.A. if the relevant information forms part of the certificate referred to in sub-section (4) of section 90 or sub-section (4) of section 90A.

## **DECLARATION**

| Dated: To,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |  |
| Sir/Madam,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |
| Re: Self declaration for Financial Year (FY) 2020-21 of Indian Income Tax Act, 1961 to claim tax treaty benefits in relation to receipt of Dividend income from Flex Foods Limited                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |  |
| With reference to the above referred subject matter I / We hereby declare as under:                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
| 1. I/We,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
| 2. I/We am/are tax resident of the(Please mention Name of the country) as defined under Articleof the tax treaty between India and(name of the country for applicable tax treaty). I/We am/are eligible to be governed by the provisions of the applicable tax treaty and meet all the necessary conditions to avail the benefits under the applicable tax treaty.                                                                                                                                         |  |  |  |  |  |  |
| 3. As required to claim the benefits of the lower tax rate under the applicable tax treaty read with the provisions laid down in Multilateral Instruments (MLI), wherever applicable in relation to the dividend income to be received by me/us from the Company, I/We specifically confirm that I/We am/are the beneficial owner of the above referred equity shares of the Company and the dividend income receivable from the Company in relation to the said shares.                                   |  |  |  |  |  |  |
| 4. I/We further declare that I/We have the right to use and enjoy the dividend received/receivable from the above shares and such right is not constrained by any contractual and/ or legal obligation to pass on such dividend to another person. I/We am/are the legal and beneficial owner of the dividend income to be received from the Company.                                                                                                                                                      |  |  |  |  |  |  |
| 5. I/We do not have any Permanent Establishment ('PE') or fixed base in India as construed under relevant Articles of the applicable tax treaty nor do we have any PE or business connection in India as construed under the relevant provisions of the Act. Further, I/We do not have a Business Connection in India according to the provision of Section 9(1)(i) of the Act and the amounts paid/payable to us, in any case, are not attributable to business operations, if any, carried out in India. |  |  |  |  |  |  |
| 6. Further, our claim for relief under the tax treaty is not restricted by application of Limitation of Benefit clause, if any, thereunder.                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |  |
| 7. I/We specifically confirm that my affairs/affairs of (Complete name of the shareholder) were arranged such that the main purpose or the principal purpose thereof was not to obtain tax benefits available under the applicable tax treaty.                                                                                                                                                                                                                                                             |  |  |  |  |  |  |
| 8. This declaration is valid for the period 1st April, 2020 to 31st March, 2021.                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| *I/We hereby confirm that the declarations made above are complete, true and bona fide. This declaration is issued to the Company to enable them to decide upon the withholding tax applicable on the dividend income receivable by [NAME OF SHAREHOLDER]. I/We shall be solely responsible for any                                                                                                                                                                                                        |  |  |  |  |  |  |
| adverse income-tax consideration that may arise in India on the dividend income to be received from the Company.                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| Yours faithfully,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |
| For NAME OF SHAREHOLDER]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |  |
| Authorized Signatory [Name/designation]                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| Dp. Id – Client Id/ Folio No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |  |  |
| Email address: [Please insert]   Contact Number: [Please insert]                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |  |

### **UPDATION OF BANK DETAILS**

Please note that Members holding shares in physical form who have not updated their mandate for receiving the dividends directly in their bank accounts through Electronic Clearing Service or any other means ("Electronic Bank Mandate"), can register their Electronic Bank Mandate to receive dividends directly into their bank account electronically or any other means, by sending scanned copy of the following details/ documents by email to reach the Company's email address <a href="mailto:secretarial@uflexItd.com">secretarial@uflexItd.com</a> by August 31, 2020.

- a) signed request letter mentioning your name, folio number, complete address and following details relating to bank account in which the dividend is to be received:
  - i) Name and Branch of Bank and Bank Account type;
  - ii) Bank Account Number allotted by your bank after implementation of Core Banking Solutions;
  - iii) 11 digit IFSC Code;
- b) Self attested scanned copy of cancelled cheque bearing the name of the Member or first holder, in case shares are held jointly:
- c) Self attested scanned copy of the PAN Card; and
- d) Self attested scanned copy of any document (such as AADHAR Card, Driving Licence, Election Identity Card, Passport) in support of the address of the Member as registered with the Company.

For the Members holding shares in demat form, please update your Electronic Bank Mandate through your Depository Participant/s.