Declaration by an Alternative Investment Fund (AIF) for non-deduction of tax at source u/s. 194 of the Act.

(On the letterhead of the Fund)

| l, | ; in the capacity o |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | ofof(Specify the name an address of the Fund); hereby declared |
| that: | |
| a. | The said Fund is established or incorporated in India in the form of(specify the Status i.e. Trust, company, LLP etc.) which has been granted certificate of registration as a category or category II Alternative Investment Fund (strike our whichever is not applicable) and is regulated under SEBI (Alternative Investment Fund) Regulations, 2012, made under SEBI Act 1992. A self-attested copy of registration certificate is enclosed. |
| b. | The said Fund fulfills all the conditions prescribed under Explanation 1 to section 115UB of the Act in order to qualify as an "Investment Fund". |
| C. | The said Fund holdsequity shares of Nocil Limited, bearing Folio Noto |
| d. | Accordingly, it is further declared that the dividend income distributed or paid by M/s. Mafatla Industries Limited (the Company) during the year ending on 31st March, 2024 in respect of share held by the said Fund is exempt u/s. 10(23FBA) of the Act. |
| e. | In view of the same, it is requested that no deduction of tax u/s. 194 be made in view of provisions contained in section 197A(1F) r.w. Notification issued by the Central Board of Direct Taxes (CBDT); Department of Revenue dated 25.06.2015 bearing No. 51 of 2015. |
| | Verification |
| | do hereby declare that to the best of my knowledge and belief what is stated is correct complete and is truly stated. |
| Verifie | ed today the day of |
| Place | Name and Signature of the person providing the information |
| Encl: | As above |