## Declaration by the Insurance Company for non-deduction of tax at source u/s. 194 of the Act. (On the letterhead of the Insurance Company)

Ref: PAN (Mention PAN of Shareholder and provide Self attested Copy of PAN) Folio Number / DP ID/ Client ID (Mention all the account details)

l,				; in	the capa	city of
	of	(Specify	name of the	insurer),	having reg	jistered
office a	t and PA	N as	(co	py attache	<b>d</b> ); hereby	declare
that:						
a.		(Specify	name of the	e Insurer)	is a co	rporation
	covered under the provisions of section 194 of the Act or is an "insurer" as defined in section					
	2(28BB) of the Act. The self-atteste applicable.	d copy of Reg	istration Certit	ficate with	IRDA/LIC	/GIC, as
b.	It is further declared that the said corporation has full beneficial interest in respect of shares issued and allotted by M/s. Navneet Education Limited (the Company) vis-à-vis dividend distributed or paid during the year ending on 31st March, 2026.					
c.	Accordingly, it is further declared that provisions of section 194 of the Act regarding deduction of tax at source in respect of dividend on said shares are not applicable to dividend distributed or paid by the Company during the year ending on 31st March, 2026.					
d.	In view of the same, it is requested dividend distributed or paid by the Cosaid shares.					•
		Verification				
above i	do hereby declare s correct complete and is truly stated.		•	dge and be	lief what is	stated
Verified	today the day	ot				
	Name a	and Signature o	f the person fo	r on behest	of the corp	oration
Place: .	Name a	nd Signature of	the person for	on behest	of the share	eholder

Encl: As above