ANNEXURE D

Sr. No.	Name	Coparcener/ Member	Gender	Date of Birth	Relationship with Karta

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief, and I undertake to inform you of any change therein, immediately. In case if the above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.

Place: _____ Name (Karta): _____

Date: _____ Signature: _____

(Stamp of HUF)