

Date:

To,

Parag Milk Foods Limited
Regd. Office: Flat No 1 Plot No. 19,
Nav Rajasthan Hsg. Soc., behind Ratna
Memorial Hospital, S.B. Road,
Shivaji Nagar, Pune - 411 016.

Subject: Declaration and Information under sub-rule (2) of Rule 217 of the Income-tax Rules, 2026

I, [Name of the Non-Resident], provide the following details for the Tax Year 2026-2027 regarding the exemption from higher TDS rates under Rule 217(2):

- **Name, E-mail, and Contact Number:** [Insert Details]
- **Foreign Address:** [Insert Address]
- **TRC Status:** Attached (Yes/No)
- **Tax Identification Number (TIN):** [Insert TIN or Govt-issued ID]

Verification:

I declare that the above information is accurate, and I do not possess a PAN from Indian authorities, relying on this declaration for tax purposes.

Yours faithfully,

For [NAME OF RECIPIENT]
Authorized Signatory [Name/designation]
Email address: [Please insert]
Contact Number: [Please insert]
Contact address: [Please insert]