

4. In Case No Individual Qualifies as UBO

If no individual meets the prescribed ownership/control threshold, details of the **Senior Managing Partner** are provided below:

Name: _____

Designation: Managing Partner

PAN: _____

Residential Address:

5. Declaration

We hereby declare that:

1. The information provided above is true, correct, and complete to the best of our knowledge and belief.
2. The person(s) mentioned above are the Ultimate Beneficial Owner(s) of the Partnership Firm as per applicable regulatory guidelines.
3. We undertake to intimate the broker immediately in writing of any change in ownership, profit-sharing ratio, or control structure of the Firm.

For and on behalf of

_____ (Name of Firm)

Partner / Authorized Signatory: _____

Signature: _____

Firm Seal (if applicable)

Date: _____

Place: _____