DECLARATION

Declaration regarding credit of tax deducted at source in terms of Rule 37BA(2) of Income Tax Rules, 1962

To,

R R Kabel Limited

Ram Ratna House, Victoria Mill Compound (Utopia City),

Pandurang Budhkar Marg, Worli,

Mumbai 400013, Maharashtra, India.

I, _____

 (Name, address and PAN of the Deductee); in the capacity of _____;

hereby declare that:

a. The dividend distributed/ paid or to be distributed or paid by R R Kabel Limited (the Company) during the year ending on 31st March, ____ in respect of _____ shares held by _____ (Name of the Shareholder) bearing Folio No. ____ to ____ is taxable in the hands of _____ (Specify Name and Address of the Person in whose hands dividend is taxable) having PAN _____ (Specify PAN of the said person in whose hands dividend is taxable and attached a copy whereof) in view of _____ (Specify the reason as to why the dividend is taxable in the hands of other person) and accordingly, same will be included in computing taxable income of the said person for the year ending on 31st March, _____ relevant to assessment year _____.

b. Accordingly, credit for tax deducted at source in respect of dividend income is required to be given in the name of _____. (Specify Name of the Person in whose hands dividend is taxable)

c. In view of the same, I request the Company to give credit of tax deducted at source u/s. 194 of the Act in respect of dividend income distributed/ paid or to be distributed or paid for the year ending on 31st March, _____ by issuing certificate for tax deduction at source in the name of the said person.

d. The above declaration is in terms of Section 199 of the Income-tax Act, 1961 read with Rule 37BA(2) of the Income-tax Rules, 1962 and if based on which tax is deducted at source by the Company it would be in due compliance of law by the Company.

Verification

I. . . . . do hereby declare that to the best of my knowledge and belief what is stated above is correct complete and is truly stated.

Verified today the . . . . day of. . . . . . .

Name and Signature of the person providing the information

Place: . . . .

Encl: As above