

Annual Activity Certificate (See Regulation 08]

To whomsoever it may concern

This is to certify and confirm that during the period from ____
_____ to _____, the branch/ office with PAN No. -----
----- of M/s_____, UIN-_____ (wherever applicable) has/ have
undertaken only those activities which are in compliance with the FEMA
(Establishment of Branch or office in India), 2025. If there is any change in
address and other contact details, the same has been brought to the notice of
the Authorised Dealer Category-I bank.

2. The branch or office established in India is in a position to meet all its liabilities
as on date.

For Project Office only

S.No.	Name of the Project	Project awarding authority	Date of commencement of project	Date of completion of project	Status of the project

(Signature of the Statutory Auditor/s)

(Name of the
Chartered
Accountant) ICAI
Membership No.:
UDIN:
Address:

Place:

Date: