**(To be provided on the Letterhead of the applicant company)**

## To whomsoever it may concern

# **We hereby state and undertake that:**

* 1. The **applicant/associate/subsidiary/holding company, their directors/ promoters /partner/proprietor or any principal officer or any key management personnel** of the applicant is not blacklisted by any State Government, Central Government, PSUs, Statutory, Autonomous, or Regulatory body in last five years.
	2. The **applicant/associate/subsidiary/holding company, their directors/ promoters /partner/proprietor or any principal officer or any key management personnel** of the applicant is not involved in any litigation which has an adverse bearing on the business of the applicant; or has at any time been convicted for any moral turpitude or found guilty of any economic offence.
	3. The **applicant/parent/holding/associate/subsidiary company or any directors/ principal officer / key management personnel** of the applicant is not expelled, barred or suspended by any of the regulatory authority.
	4. No enquiry/adjudication/prosecution or any other action is/was, at any point of time, initiated by any regulatory authority against the;
	+ Applicant company, its directors and major/controlling shareholders.
	+ Associates and subsidiaries of the applicant company, its directors and major/controlling shareholders
	+ Principal Officer or any of the key management personnel of the applicant company.

*Signature with stamp*

*Name : < Name of the Director/ Authorized person as per board resolution >*

*Designation*

Date:

Place:

**Note:**

*If any of the above mentioned inquiries or any other penal actions has/have been initiated/ taken against any of the said individuals/ persons/ entities during any period by any regulatory authority, the documents indicating escalating the issues to the Board of Directors (duly certified copies of agenda/ minutes of relevant meetings) and undertaking those corrective measures have been adopted by the applicant shall be submitted.*

*Please submit information in the following format:*

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Name(against whom action taken / initiated by any regulatory authority) | Details / description of the action taken / initiated by any regulatory authority | Status/ Corrective steps taken  |
| 1 |  | ***If no action has been taken by any regulatory authority then mention as ‘No action taken / initiated ’*** |  |
| 2 |  |  |  |

*Signature with stamp*

*Name : < Name of the Director/ Authorized person as per board resolution >*

*Designation*

Date:

Place: