GPA Confirmation

From:
Sharad Kumar Jayantilal Kadakia
16530 Bake Parkway, Suite 200,
Irvine, CA 92618

To:
Punjab National Bank
Mid Corporate Centre, 8th Floor,
9-13-45/2/9/1, MVRs Vinayagar Trade Centre,
VIP Road, CBM Compound,
Visakhapatnam, Andhra Pradesh-530003

Subject: Confirmation for Validity of General Power of Attorney in favour of Soham Modi

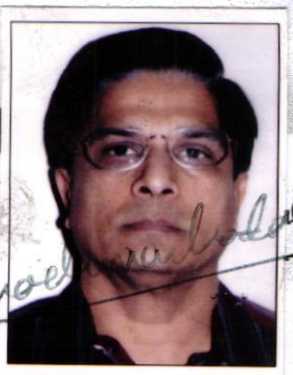
Dear Sir/Madam,

I am writing to confirm that I have executed a General Power of Attorney (GPA) in favour of Mr. Soham Modi on 21st August 2022, which was registered with SRO, Secunderabad vide Doct. No. 95 of 2022 on 21st September 2022.

This letter serves as confirmation that:

1. The GPA given to Mr. Soham Modi is in force, operative and completely valid since the date of execution till date.
2. I have not cancelled the GPA given in favour of Soham Modi. and
3. I have not given the GPA to any person other than Soham Modi.

Sharad Kumar Jayantilal Kadakia
Date: 15.07.2024
Place: California



PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP/ BENEFICIAL OWNER

(SEPARATE FORM FOR EACH CONTROLLING PERSON /RELATED PERSON/BENEFICIAL OWNER TO BE FILLED IN)

FOR OFFICE USE ONLY	BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.
APPLICATION TYPE* ☐ NEW ☐ UPDATE	
APPLICANT (CP/RP) CIF NO.:	
CP/RP Account No.:	

ENTITY NAME:

ENTITY ACCOUNT NO.:

1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER * (Please refer General Instruction) :

1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only) :

☐ ADDITION OF CONTROLLING PERSON ☐ DELETION OF CONTROLLING PERSON ☐ UPDATE CONTROLLING PERSON DETAILS

CKYC NUMBER (IF AVAILABLE *) : (IF CKYC NUMBER IS AVAILABLE, ONLY 'CONTROLLING TYPE' & 'NAME' IS MANDATORY)

TYPE OF CONTROL*:

IN CASE OF LEGAL PERSON :	☐ OWNERSHIP	☐ OTHER MEANS	☐ SENIOR MANAGING OFFICIALS	☐ BENEFICIARY	☐ Others
IN CASE OF TRUST:	☐ SETTLOR	☐ TRUSTEE	☐ PROTECTOR	☐ BENEFICIARY-EQUIVALENT	☐ OTHER-EQUIVALENT
IN CASE OF OTHER LEGAL ARRANGEMENT:	☐ SETTLOR-EQUIVALENT	☐ TRUSTEE-EQUIVALENT	☐ PROTECTOR-EQUIVALENT	☐ IN CASE OF UNKNOWN	

1. B DETAILS OF RELATED PERSON

☐ ADDITION OF RELATED PERSON ☐ DELETION OF RELATED PERSON ☐ UPDATE RELATED PERSON DETAILS

CKYC NUMBER OF RELATED PERSON (IF AVAILABLE*): (IF CKYC NUMBER IS AVAILABLE, ONLY' RELATED PERSON TYPE' & 'NAME' IS MANDATORY)

RELATED PERSON TYPE* : (MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE)

☐ DIRECTOR ☐ PROMOTER ☐ KARTA ☐ TRUSTEE ☐ PARTNER ☐ AUTHORISED SIGNATORY

☐ COURT APPOINTED OFFICIAL ☐ BENEFICIARY ☐ BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO.10) ☐ OTHERS

2. PERSONAL DETAILS* (Please refer Instruction G II at the end)

	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME
NAME (SAME AS ID PROOF)*:		SHARAD	KUMAR JAYANTILAL	KADAKIA
Name of* ☑ Father ☐ Mother ☐ Spouse (One among three is mandatory, Father name is mandatory if PAN is not provided)		JAYANTILAL	KADAKIA	

DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)

DATE OF BIRTH*: 25/08/1959

GENDER: ☑ M - MALE ☐ F - FEMALE ☐ THIRD GENDER

MARITAL STATUS* : ☑ MARRIED ☐ SINGLE ☐ OTHERS NATIONALITY: ☐ IN-INDIAN ☐ OTHERS COUNTRY CODE (ISO 3166)

RESIDENTIAL STATUS* : ☐ RESIDENT INDIVIDUAL ☑ NON RESIDENT INDIAN ☐ FOREIGN NATIONAL ☐ PERSON OF INDIAN ORIGIN

CITIZENSHIP*: ☑ INDIAN ☐ OTHERS

OCCUPATION TYPE*: ☐ S - SERVICE (☐ PUBLIC SECTOR ☐ PRIVATE SECTOR ☐ GOVERNMENT SECTOR)

☐ O - OTHERS (☐ PROFESSIONAL ☐ SELF EMPLOYED ☐ RETIRED ☐ HOUSE WIFE ☐ STUDENT)

☑ B - BUSINESS ☐ NOT CATEGORIZED

POLITICALLY EXPOSED PERSON : ☐ YES ☐ NO

PEP definition : (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials*

COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166)

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* ☐ YES ☐ NO (IF NO, PLEASE FILL THE DETAILS IN COLUMN 6 & 7)

PAN /TAX IDENTIFICATION NUMBER OR EQUIVALENT*:

(IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD')

PLACE / CITY OF BIRTH:

COUNTRY CODE OF BIRTH: (ISO 3166)

3. PROOF OF IDENTITY/ADDRESS (PLEASE TICK THE APPROPRIATE BOX (ANY ONE ID TYPE) AND GIVE DETAILS)*

☐ A- PASSPORT ☐ B- VOTER ID CARD ☐ C- DRIVING LICENCE ☐ D- NREGA JOB CARD

☐ E-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME AND ADDRESS ☐ PROOF OF POSSESSION OF AADHAR NO.

DOCUMENT NO. / IDENTIFICATION NUMBER* 703594937110 Issued Date: Date of Expiry:

ISSUED BY*: GOVERNMENT OF INDIA ISSUED AT*:

LINE 1*: 5-2-273, Gokul Distillery Road,

LINE 2: Hyder Basti, Secunderabad. CITY / TOWN / VILLAGE*: HYDERABAD

DISTRICT*: PIN / POST CODE*: 500003,

STATE / UT NAME CODE*: TELANGANA COUNTRY CODE*: (ISO 3166)

4. IF THE PROOF OF ADDRESS/OVD PROVIDED DOES NOT CONTAIN CURRENT ADDRESS, PLEASE PROVIDE ANY OF THE DOCUMENTS BELOW AS OVD (OFFICIALLY VALID DOCUMENT)

☐ 1. UTILITY BILL ☐ 2. PPO/FPPO ☐ 3. PROPERTY OR MUNICIPAL TAX RECEIPT

☐ 4. LETTER OF ALLOTMENT OF ACCOMMODATION ISSUED BY EMPLOYER/ISSUED BY STATE OR CENTRAL GOVERNMENT DEPARTMENTS, STATUTORY OR REGULATORY BODIES, PUBLIC SECTOR UNDERTAKING SCHEDULED COMMERCIAL BANKS, FINANCIAL INSTITUTIONS AND LISTED COMPANIES. SIMILARLY, LEASE AND LICENSE AGREEMENTS WITH SUCH EMPLOYERS ALLOTTING OFFICIAL ACCOMMODATION."

☐ 5. SELF-DECLARATION (APPLICABLE ONLY WHEN CUSTOMER HAS CARRIED OUT E-KYC (AADHAAR AUTHENTICATION) AND ADDRESS IN AADHAAR IS NOT SAME AS CURRENT ADDRESS

I/WE SHALL SUBMIT OVD WITH UPDATED CURRENT ADDRESS WITHIN A PERIOD OF THREE MONTHS, FAILING WHICH BANK MAY RESTRICT THE OPERATIONS IN THE ACCOUNT (NOT APPLICABLE WHEN SELF DECLARATION IS PROVIDED BY THE CUSTOMER) (AS PER POINT NO. 5 ABOVE)

DOCUMENT NO. / IDENTIFICATION NUMBER* Issued Date: Date of Expiry:

ISSUED BY*: ISSUED AT*:

LINE 1*:

LINE 2: CITY / TOWN / VILLAGE*:

DISTRICT*: PIN / POST CODE*:

STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email- ID) (Please refer Instruction 'F' at the end)

TEL. (OFF): TEL. (RES):

FAX:

MOBILE 1: MOBILE 2:

EMAIL ID 1:

EMAIL ID 2:

6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:

COUNTRY OF TAX RESIDENCE#	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)

In case, country of tax residence is India, PAN is treated as TIN.

1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).
2. A person residing in US including US green card holder.
3. Certain persons who spend more than 180 days in US each year.

7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

LINE 1*:

LINE 2:

LINE 3: CITY / TOWN / VILLAGE*:

DISTRICT*: PIN / POST CODE*:

STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)

8. **Income-tax Rules, 1962**
FORM 60 (see second proviso to rule 114B)

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I ..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not

Verified today, the ..... day of ..... 20..... .

Place: .....

Signature of the Declarant

9. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby, give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I understand that my KYC record include my KYC record/personal information such as my name/address, date of birth, PAN no. etc.
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self certification as above is provided to the Bank.
- I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time
- I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.
- I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.

SJK

Signature(s)
Name of the Applicant

DATE:

PLACE:

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY **RISK CATEGORY:** HIGH MEDIUM LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: DONE DATE:

EMP./OFFICIAL SIGNATURE EMP./OFF. NAME:

GBPA No./P.F No.: EMP./OFF. DESIGNATION: EMP./OFF. BRANCH:

8. **Income-tax Rules, 1962**
FORM 60 [see second proviso to rule 114B]

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & *THE ACKNOWLEDGEMENT NUMBER*

IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I ..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not

Verified today, the ..... day of ..... 20..... .

Place: .....

SJKF

Signature of the Declarant

9. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby, give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I understand that my KYC record include my KYC record/personal information such as my name/address, date of birth, PAN no. etc.
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self-certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self certification as above is provided to the Bank.
- I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time
- I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- *I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.*
- I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.

Signature(s)

Name of the Applicant

DATE:

PLACE:

ATTESTATION / FOR OFFICE USE ONLY

DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY **RISK CATEGORY:** HIGH MEDIUM LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: DONE DATE:

EMP./OFFICIAL SIGNATURE EMP./OFF. NAME:

GBPA No./P.F No.: EMP./OFF. DESIGNATION: EMP./OFF. BRANCH:

भारत सरकार

आधार

भारत सरकार
Government of India

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 2821/26024/02118

To
शरद कुमार जयंतीलाल कडाकिया
Sharad Kumar Jayantilal Kadakia
C/O: Jayantilal Kadakia
5-2-223, Gokul, 3rd Floor
Distillery Road
Opp Andhra Bank
Hyderbasti, Secunderabad
Secunderabad
Hyderabad Telangana - 500003
9819437321

Signature Not Verified
Digitally signed by GOI, UNIQUE IDENTIFICATION AUTHORITY OF INDIA, Date: 2022.06.06 07:48:21 IST

आपला आधार क्रमांक / Your Aadhaar No. :

7035 9749 3710

VID : 9126 9433 3879 0727

माझे आधार, माझी ओळख

Government of India

AADHAAR

माहिती

- आधार ओळखीचा पुरावा आहे नागरिकत्वाचा नाही
- सुरक्षित QR कोड / ऑफलाइन XML / ऑनलाइन प्रमाणीकरण वापरून ओळख सत्यापित करा.
- हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- **Aadhaar** is a proof of identity, not of citizenship.
- Verify identity using Secure QR Code/ Offline XML/ Online Authentication.
- This is electronically generated letter.

- आधार देशभरात वैध आहे
- आधार आपल्याला विविध सरकारी आणि खाजगी सेवा सुलभतेने घेण्यास मदत करते
- आपला मोबाइल नंबर आणि ईमेल आयडी आधारमध्ये अदयावत ठेवा
- आपल्या स्मार्ट फोनमध्ये आधार घ्या - **mAadhaar App** वापरा

- **Aadhaar** is valid throughout the country.
- **Aadhaar** helps you avail various Government and non-Government services easily.
- Keep your mobile number & email ID updated in **Aadhaar**.
- Carry Aadhaar in your smart phone – use **mAadhaar** App.

भारत सरकार
Government of India

शरद कुमार जयंतीलाल कडाकिया
Sharad Kumar Jayantilal Kadakia
जन्म तारीख/DOB: 25/08/1959
पुरुष/ MALE

Issue Date: 07/03/2022

7035 9749 3710

VID : 9126 9433 3879 0727

माझे आधार, माझी ओळख

भारतीय विशिष्ट ओळख प्राधिकरण
Unique Identification Authority of India

पत्ता:
मार्फत: जयंतीलाल कडाकिया, 5-2-223, गोकुल, 3 फ्लोर, डिस्टीलेरी रोड, आंध्रा बँक समोर, हैदरबस्ती, सिकंद्राबाद, सिकंद्राबाद, हाइदेराबाद, तेलंगाणा - 500003

Address:
C/O: Jayantilal Kadakia, 5-2-223, Gokul, 3rd Floor, Distillery Road, Opp Andhra Bank, Hyderbasti, Secunderabad, Secunderabad, Hyderabad, Telangana - 500003

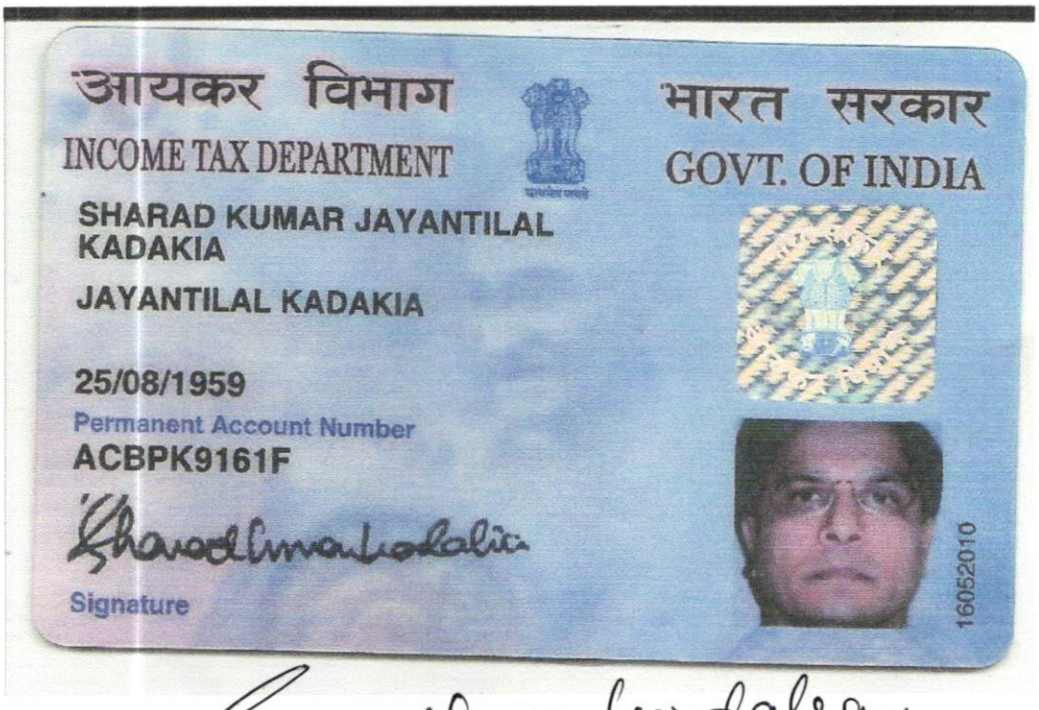
Download Date: 06/06/2022

7035 9749 3710

VID : 9126 9433 3879 0727

1947 | help@uidai.gov.in | www.uidai.gov.in

Sharadkumar Kadakia


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
SHARAD KUMAR JAYANTILAL KADAKIA
JAYANTILAL KADAKIA
25/08/1959
Permanent Account Number
ACBPK9161F
Signature
16052010

From:
Rajesh Kumar Jayantilal Kadakia
910 S EL CAMINO REAL UNIT A,
SAN CLEMENTE CA 92672.

To:
Punjab National Bank
Mid Corporate Centre, 8th Floor,
9-13-45/2/9/1, MVRs Vinayagar Trade Centre,
VIP Road, CBM Compound,
Visakhapatnam, Andhra Pradesh-530003

Subject: Confirmation for Validity of General Power of Attorney in favour of Soham Modi

Dear Sir/Madam,

I am writing to confirm that I have executed a General Power of Attorney (GPA) in favour of Mr. Soham Modi on 21st August 2022, which was registered with SRO, Secunderabad vide Doct. No. 96 of 2022 on 21st September 2022.

This letter serves as confirmation that:

1. The GPA given to Mr. Soham Modi is in force, operative and completely valid since the date of execution till date.
2. I have not cancelled the GPA given in favour of Soham Modi. and
3. I have not given the GPA to any person other than Soham Modi.

Rajesh Kumar Jayantilal Kadakia
Date: 15.07.2024
Place: California

PERSONAL DETAILS OF CONTROLLING PERSON-CP (FOR PASSIVE NFE ONLY) / RELATED PERSON-RP/ BENEFICIAL OWNER

(SEPARATE FORM FOR EACH CONTROLLING PERSON /RELATED PERSON/BENEFICIAL OWNER TO BE FILLED IN)

FOR OFFICE USE ONLY	BRANCH TO AFFIX RUBBER STAMP OF NAME AND CODE NO.
APPLICATION TYPE* ☐ NEW ☐ UPDATE	
APPLICANT (CP/RP) CIF NO.:	
CP/RP Account No.:	

ENTITY NAME:

ENTITY ACCOUNT NO.:

1. DETAILS OF CONTROLLING PERSON / RELATED PERSON / BENEFICIAL OWNER * (Please refer General Instruction) :

1. A DETAILS OF CONTROLLING PERSON (For Passive NFE Only) :

☐ ADDITION OF CONTROLLING PERSON ☐ DELETION OF CONTROLLING PERSON ☐ UPDATE CONTROLLING PERSON DETAILS

CKYC NUMBER (IF AVAILABLE *) : (IF CKYC NUMBER IS AVAILABLE, ONLY 'CONTROLLING TYPE' & 'NAME' IS MANDATORY)

TYPE OF CONTROL*:

IN CASE OF LEGAL PERSON :	☐ OWNERSHIP	☐ OTHER MEANS	☐ SENIOR MANAGING OFFICIALS	☐ BENEFICIARY	☐ Others
IN CASE OF TRUST:	☐ SETTLOR	☐ TRUSTEE	☐ PROTECTOR	☐ BENEFICIARY-EQUIVALENT	☐ OTHER-EQUIVALENT
IN CASE OF OTHER LEGAL ARRANGEMENT:	☐ SETTLOR-EQUIVALENT	☐ TRUSTEE-EQUIVALENT	☐ PROTECTOR-EQUIVALENT	☐ IN CASE OF UNKNOWN	

1. B DETAILS OF RELATED PERSON

☐ ADDITION OF RELATED PERSON ☐ DELETION OF RELATED PERSON ☐ UPDATE RELATED PERSON DETAILS

CKYC NUMBER OF RELATED PERSON (IF AVAILABLE*): (IF CKYC NUMBER IS AVAILABLE, ONLY' RELATED PERSON TYPE' & 'NAME' IS MANDATORY)

RELATED PERSON TYPE* : (MORE THAN ONE BOX CAN BE TICKED AS APPLICABLE)

☐ DIRECTOR	☐ PROMOTER	☐ KARTA	☐ TRUSTEE	☐ PARTNER	☐ AUTHORISED SIGNATORY
☐ COURT APPOINTED OFFICIAL		☐ BENEFICIARY	☐ BENEFICIAL OWNER (SEE DEFINITION AT PAGE NO.10)		☐ OTHERS

2. PERSONAL DETAILS* (Please refer Instruction G II at the end)

	PREFIX	FIRSTNAME	MIDDLENAME	LASTNAME
NAME (SAME AS ID PROOF)*:		RATESH	JAYANTILAL	KADAKIA
Name of* ☑ Father ☐ Mother ☐ Spouse (One among three is mandatory, Father name is mandatory if PAN is not provided)		JAYANTILAL	MANILAL	KADAKIA

DIN (DIRECTOR IDENTIFICATION NUMBER): (MANDATORY IF RELATED PERSON TYPE IS DIRECTOR)

DATE OF BIRTH*: 21 01 1955

GENDER: ☑ M - MALE ☐ F - FEMALE ☐ THIRD GENDER

MARITAL STATUS* : ☑ MARRIED ☐ SINGLE ☐ OTHERS NATIONALITY: ☐ IN-INDIAN ☐ OTHERS COUNTRY CODE (ISO 3166)

RESIDENTIAL STATUS* : ☐ RESIDENT INDIVIDUAL ☑ NON RESIDENT INDIAN ☐ FOREIGN NATIONAL ☐ PERSON OF INDIAN ORIGIN

CITIZENSHIP*: ☑ INDIAN ☐ OTHERS

OCCUPATION TYPE*: ☐ S - SERVICE (☐ PUBLIC SECTOR ☐ PRIVATE SECTOR ☐ GOVERNMENT SECTOR)

☐ O - OTHERS (☐ PROFESSIONAL ☐ SELF EMPLOYED ☐ RETIRED ☐ HOUSE WIFE ☐ STUDENT)

☑ B - BUSINESS ☐ NOT CATEGORIZED

POLITICALLY EXPOSED PERSON : ☐ YES ☐ NO

PEP definition : (PEPs) are individuals who are or have been entrusted with prominent public functions by a foreign country, including the Heads of States/Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials"

COUNTRY CODE OF TAX RESIDENCE*: (CODE FOR INDIA IS " IN ") (ISO 3166)

COUNTRY OF TAX RESIDENCE IN INDIA ONLY AND NOT IN ANY OTHER COUNTRY OR TERRITORY OUTSIDE INDIA* ☐ YES ☐ NO (IF NO, PLEASE FILL THE DETAILS IN COLOUMN 6 & 7)

PAN /TAX IDENTIFICATION NUMBER OR EQUIVALENT* :

(IF JURISDICTION OF RESIDENCE FOR 'TAX PURPOSE' IS INDIA ONLY, THE PAN IN THIS FIELD')

PLACE / CITY OF BIRTH :

COUNTRY CODE OF BIRTH : (ISO 3166)

3. PROOF OF IDENTITY/ADDRESS (PLEASE TICK THE APPROPRIATE BOX (ANY ONE ID TYPE) AND GIVE DETAILS)*

☐ A- PASSPORT ☐ B- VOTER ID CARD ☐ C- DRIVING LICENCE ☐ D- NREGA JOB CARD

☐ E-LETTER ISSUED BY NATIONAL POPULATION REGISTER CONTAINING DETAILS OF NAME AND ADDRESS ☐ PROOF OF POSSESSION OF AADHAR NO.

DOCUMENT NO. / IDENTIFICATION NUMBER* 529594208748 Issued Date : Date of Expiry :

ISSUED BY*: GOVERNMENT OF INDIA ISSUED AT*:

LINE 1*: 5-2-223, Gokul Distillery Road

LINE 2: Ayodhyapuri, Saidabad. CITY / TOWN / VILLAGE *: HYDERABAD

DISTRICT*: PIN / POST CODE*: 500059.

STATE / UT NAME CODE*: TELANGANA COUNTRY CODE*: (ISO 3166)

4. IF THE PROOF OF ADDRESS/OVD PROVIDED DOES NOT CONTAIN CURRENT ADDRESS, PLEASE PROVIDE ANY OF THE DOCUMENTS BELOW AS OVD (OFFICIALLY VALID DOCUMENT)

☐ 1. UTILITY BILL ☐ 2. PPO/FPPO ☐ 3. PROPERTY OR MUNICIPAL TAX RECEIPT

☐ 4. LETTER OF ALLOTMENT OF ACCOMMODATION ISSUED BY EMPLOYER/ISSUED BY STATE OR CENTRAL GOVERNMENT DEPARTMENTS, STATUTORY OR REGULATORY BODIES, PUBLIC SECTOR UNDERTAKING SCHEDULED COMMERCIAL BANKS, FINANCIAL INSTITUTIONS AND LISTED COMPANIES. SIMILARLY, LEASE AND LICENSE AGREEMENTS WITH SUCH EMPLOYERS ALLOTTING OFFICIAL ACCOMMODATION."

☐ 5. SELF-DECLARATION (APPLICABLE ONLY WHEN CUSTOMER HAS CARRIED OUT E-KYC (AADHAAR AUTHENTICATION) AND ADDRESS IN AADHAAR IS NOT SAME AS CURRENT ADDRESS

I/WE SHALL SUBMIT OVD WITH UPDATED CURRENT ADDRESS WITHIN A PERIOD OF THREE MONTHS, FAILING WHICH BANK MAY RESTRICT THE OPERATIONS IN THE ACCOUNT (NOT APPLICABLE WHEN SELF DECLARATION IS PROVIDED BY THE CUSTOMER) (AS PER POINT NO. 5 ABOVE)

DOCUMENT NO. / IDENTIFICATION NUMBER* Issued Date : Date of Expiry :

ISSUED BY*: ISSUED AT*:

LINE 1*:

LINE 2: CITY / TOWN / VILLAGE *:

DISTRICT*: PIN / POST CODE*:

STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)

5. CONTACT DETAILS (All communications will be sent on provided Mobile no. / Email- ID) (Please refer Instruction 'F' at the end)

TEL. (OFF) : TEL. (RES):

FAX:

MOBILE 1: MOBILE 2:

EMAIL ID 1:

EMAIL ID 2:

6. MULTIPLE TAX RESIDENCY: Details of Country of Tax Residence (In addition to India) in US and/or in any other Country or Territory Outside India as Under:

COUNTRY OF TAX RESIDENCE#	TAX IDENTIFICATION NUMBER OR EQUIVALENT, IF ISSUED BY JURISDICTION	IDENTIFICATION TYPE (TIN OR OTHER, PLEASE SPECIFY)

In case, country of tax residence is India, PAN is treated as TIN.

1. A citizen of US including individual born in US but resident in another country (who has not given up US citizenship).
2. A person residing in US including US green card holder.
3. Certain persons who spend more than 180 days in US each year.

7. ADDRESS IN OUTSIDE JURISDICTION/COUNTRY - WHERE THE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES

ADDRESS TYPE*: ☐ RESIDENTIAL / BUSINESS ☐ RESIDENTIAL ☐ BUSINESS ☐ REGISTERED OFFICE ☐ UNSPECIFIED

LINE 1*:

LINE 2:

LINE 3: CITY / TOWN / VILLAGE*:

DISTRICT*: PIN / POST CODE*:

STATE / UT NAME CODE*: COUNTRY CODE*: (ISO 3166)

8. **Income-tax Rules, 1962**
FORM 60 [see second proviso to rule 114B]

NAME:

(SAME AS ID PROOF)

IF APPLIED FOR PAN AND IT IS NOT YET GENERATED, ENTER DATE OF APPLICATION & THE ACKNOWLEDGEMENT NUMBER

IF PAN IS NOT APPLIED , FILL ESTIMATED TOTAL INCOME (INCLUDING INCOME OF SPOUSE, MINOR CHILD, ETC) AS PER SECTION 64 OF INCOME TAX ACT 1961 FOR FINANCIAL YEAR IN WHICH THE ABOVE TRANSACTION IS HELD

AGRICULTURE INCOME (RS) OTHER THAN AGRICULTURAL INCOME

VERIFICATION

I ..... do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare I do not have a permanent account number and my/our estimated total income (including income of spouse, minor child, etc.) as per section 64 of Income Tax Act 1961 computed in accordance with the provisions of Income Tax Act 1961 for the financial year in which the above transaction is held will be less than maximum amount not

Verified today, the ..... day of ..... 20..... .

Place: .....

Signature of the Declarant

9. APPLICANT DECLARATION

- I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I/we am/are aware that I/we may be held liable for it.
- My/Our personal KYC details may be shared with Central KYC Registry.
- I/We hereby, give my consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I understand that my KYC record include my KYC record/personal information such as my name/address, date of birth, PAN no. etc.
- I/We hereby certify that I/We have declared my status as per the rules applicable under section 285BA of the Income Tax Act, 1961 as notified by Central Board of Direct Taxes (CBDT) vide Notification No. S.O. 2155(E) dated 7 August 2015 and RBI Circular Ref No.DBR.AML.BC.No.36/ 14.01.001/2015-16 dated 28 August 2015 in the matter including any subsequent modification/amendment thereof.
- I/We understand, acknowledge and authorize that as per the provisions of Income Tax Act, Rules made thereunder and the guidelines issued by the Government/RBI in the matter, depending upon the residential status and/or other criteria stipulated therein, the Bank may have to report the details in respect of my/our account(s) as per the prescribed format to the Central Board of Direct Taxes (CBDT) or other Government Agencies to comply with the obligations as per the Inter- Governmental Agreements (IGA) in respect of Foreign Accounts Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and / or any other similar arrangements.
- *I/We certify & declare that the information provided by me/us for opening account and availing other services herein or through website/electronically as applicable to me/us and* signed/authenticated by me/us as well as in the documentary evidence provided by me/us for opening account and availing other services are, to the best of my/our knowledge and belief, true, correct and complete and that I/We have not withheld any material information that may affect the assessment/categorization of my/our account as a U.S. Reportable Account or Other Reportable Account or otherwise. In case any of the information or details provided by me/us is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- I/We undertake the responsibility to declare and disclose immediately and in no case beyond 30 days from the date of change, any changes that may take place in the information provided herein/or otherwise, as well as in the documentary evidence provided by me or if any certification becomes incorrect or undergoes a change. I further undertake to provide fresh and valid self–certification along with documentary evidence as and when so required; nevertheless all declaration and undertaking given herein will also be applicable to all such modified/amended documents/information provided by me unless revised self certification as above is provided to the Bank.
- I/We also agree that my/our failure to disclose any material fact/information known to me/us now or in future or my/our failure to remedy any deficiency in documents/ information/other details within the stipulated period, may invalidate me/us from transacting in the account and the Bank would be within its right to put restrictions in the operations of my account or to close it or to report to any regulator and/or any authority designated by the Government of India (GoI)/RBI for the said purpose or take any other action as may be deemed appropriate by the Bank under the guidelines issued by CBDT/RBI/GoI from time to time
- I/We also agree to furnish and intimate to the Bank any other particulars that are called upon me/us to provide on account of any change in law either in India or abroad in relating to the operation or maintenance of the account.
- *I/We certify that I/we have the capacity to sign for the entity as per the CBDT rules/RBI guidelines.*
- I/We shall indemnify the Bank from any loss/damage that may be caused to the Bank on account of any defect/mistake in the details provided herein or on account of providing incorrect or incomplete information by me/us.

Signature(s)
Name of the Applicant

DATE:

PLACE: _____

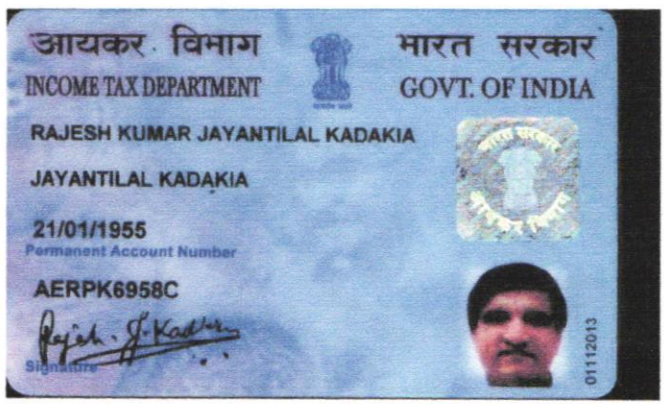
ATTESTATION / FOR OFFICE USE ONLY

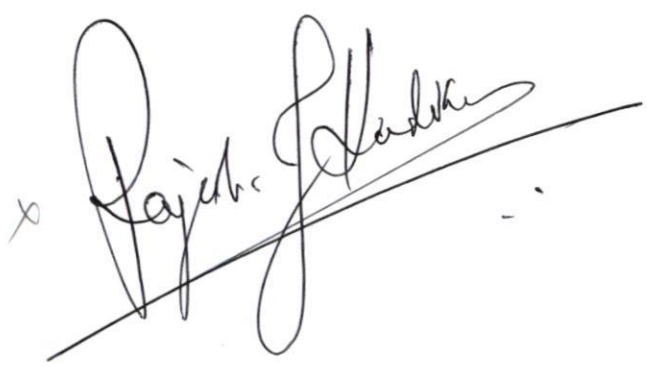
DOCUMENTS RECEIVED: SELF-CERTIFIED TRUE COPIES NOTARY **RISK CATEGORY:** HIGH MEDIUM LOW

IN PERSON VERIFICATION CARRIED OUT BY IDENTITY VERIFICATION: DONE DATE:

EMP./OFFICIAL SIGNATURE _____ EMP./OFF. NAME: _____

GBPA No./P.F No.: _____ EMP./OFF. DESIGNATION: _____ EMP./OFF. BRANCH: _____


आयकर विभाग
INCOME TAX DEPARTMENT
भारत सरकार
GOVT. OF INDIA
RAJESH KUMAR JAYANTILAL KADAKIA
JAYANTILAL KADAKIA
21/01/1955
Permanent Account Number
AERPK6958C
Signature
01112013



भారత ప్రభుత్వం

आधार

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India

Government of India

నమోదు సంఖ్య / Enrollment No. : 1118/60002/03047

To
Rajesh Jayantilal Kadakia
రాజేష్ జయంతిలాల్ కడకియ
S/O: Jayantilal Manilal Kadakia
5-2-223 gokul
distillery road
opposite andhra bank
hyderbasti
Secunderabad
Secunderabad,Hyderabad
Andhra Pradesh - 500003
9177774700

11/04/2013

KL099850093FT

9985009

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5295 9420 8748

ఆధార్ – సామాన్యుని హక్కు

భారత ప్రభుత్వం

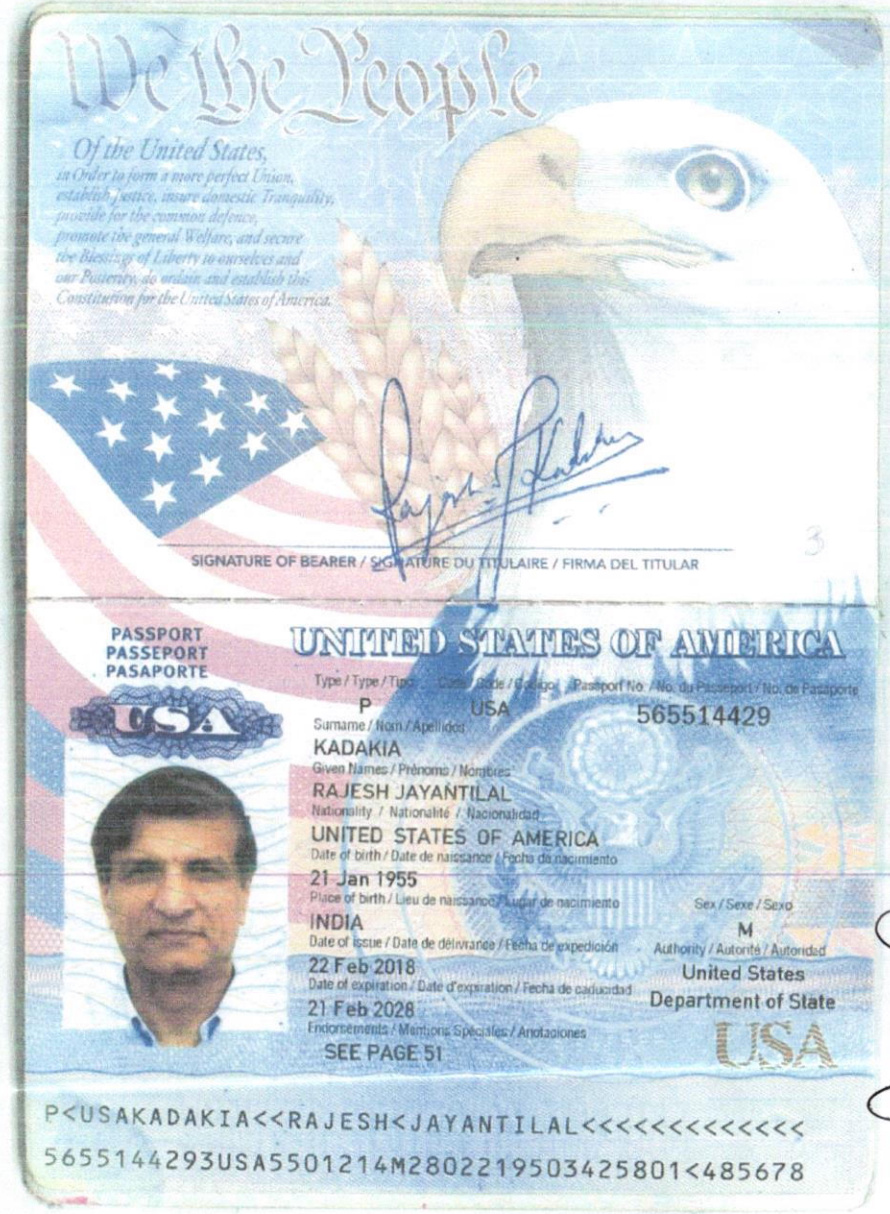
Government of India

రాజేష్ జయంతిలాల్ కడకియ
Rajesh Jayantilal Kadakia

పుట్టిన సంవత్సరం/Year of Birth: 1955
పురుషుడు / Male

5295 9420 8748

ఆధార్ – సామాన్యుని హక్కు


We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
565514429
Surname / Nom / Apellidos
KADAKIA
Given Names / Prénoms / Nombres
RAJESH JAYANTILAL
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
21 Jan 1955
Place of birth / Lieu de naissance / Lugar de nacimiento
INDIA
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
22 Feb 2018
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
21 Feb 2028
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51
USA
P<USAKADAKIA<<RAJESH<JAYANTILAL<<<<<<<<<<<<<
5655144293USA5501214M2802219503425801<485678

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:
ADRESSE DU TITULAIRE AUX ETATS-UNIS:
DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:
910. S. EL CAMINO REAL. SUITE A.
SAN CLEMENTE. CA 92672.

BEARER'S FOREIGN ADDRESS:
ADRESSE DU TITULAIRE A L'ETRANGER:
DIRECCION DEL PORTADOR EN EL EXTRANJERO:
GOKUL TOWER 5-2
GOKUL DISTILLERY ROAD-233
OPP ANDHRA BANK. HYDERABAD SECUNDERABAD 50003.

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES AND CRISIS MANAGEMENT, AT 202-647-5225, AND THE EMERGENCY CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE AUX CRISES DU DEPARTMENT D'ETAT, AU 202-647-5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS.

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION DE CRISIS DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202-647-5225, Y A LA PERSONA QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre
NEIL. KALAKIA.

Address / Adresse / Direccion
910. S. EL CAMINO REAL.
SAN CLEMENTE. CA 92672.

Telephone / Téléphone / Teléfono
(949) 201-9160.

IMPORTANT INFORMATION REGARDING YOUR PASSPORT

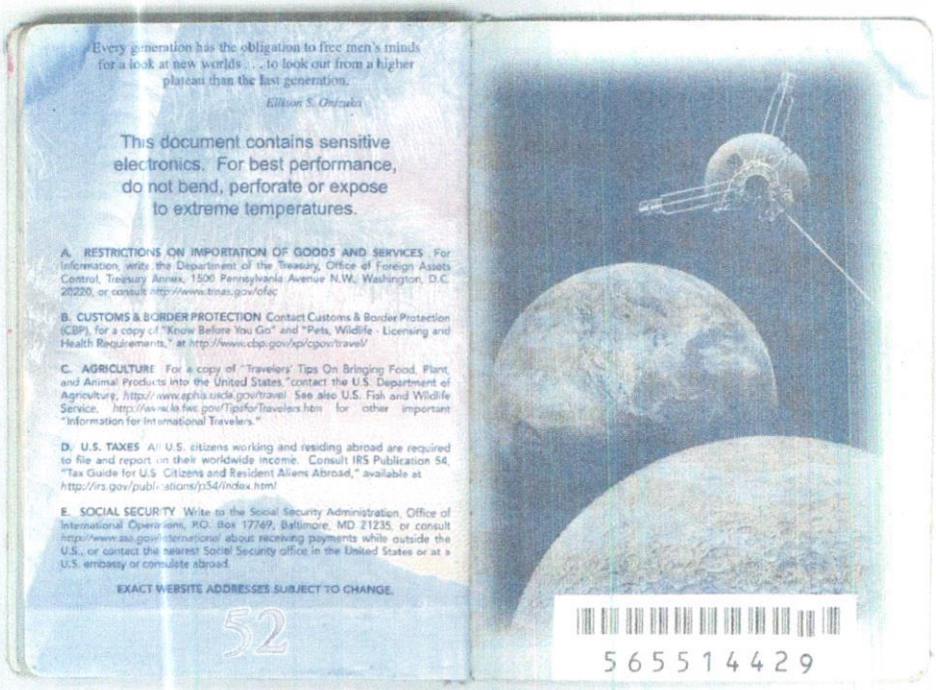
THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE AREA DESIGNATED ON PAGE THREE.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. Use of this passport in contravention of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or the Department of State, Office of Passport Policy and Legal Advisory Services, at the telephone number listed at *www.travel.state.gov*

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.9). It must be surrendered upon demand made by an authorized representative of the United States Government.

LOSS OR THEFT The loss, theft, or destruction of a passport should be reported immediately to local police authorities and to Passport Services, CLASP Unit, Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or consulate. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

ALTERATION OR MUTILATION OF PASSPORT This passport must not be altered or mutilated in any way. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries may place stamps or make notations or additions in this passport. You may amend or update personal information for your own convenience on the adjoining PERSONAL DATA AND EMERGENCY CONTACT page.


"Every generation has the obligation to free men's minds for a look at new worlds . . . to look out from a higher plateau than the last generation.
Ellison S. Onizuka
This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.
A. RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES For information, write the Department of the Treasury, Office of Foreign Assets Control, Treasury Annex, 1500 Pennsylvania Avenue N.W., Washington, D.C. 20220, or consult http://www.treas.gov/ofac
B. CUSTOMS & BORDER PROTECTION Contact Customs & Border Protection (CBP), for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements," at http://www.cbp.gov/xp/cgov/travel/
C. AGRICULTURE For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States," contact the U.S. Department of Agriculture, http://www.aphis.usda.gov/travel. See also U.S. Fish and Wildlife Service, http://www.fws.gov/TipsforTravelers.htm for other important "Information for International Travelers."
D. U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at http://irs.gov/publications/p54/index.html
E. SOCIAL SECURITY Write to the Social Security Administration, Office of International Operations, P.O. Box 17769, Baltimore, MD 21235, or consult http://www.ssa.gov/international about receiving payments while outside the U.S., or contact the nearest Social Security office in the United States or at a U.S. embassy or consulate abroad.
EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE.
52
565514429