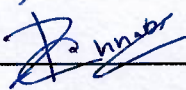


If you have any questions about our administration of your personal information or this form, please contact us at in-fmbqvcrrrequest@kpmg.com.

Declaration

I understand and agree to the contents of this form.

Signature of Candidate: 

Print Your Name (First, Middle, Last): DIPAN CHHABRA

Today's Date: 18/06/2025