

Authorization Letter

AUTHORIZING COMPANY

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|---------------------|--|
| Legal name | VSTAAR PLUS LIFESTYLE PRIVATE LIMITED |
| Registration Number | U52390KA2013PTC072080 |
| Address | 405, VIDYA BHARATHI SCHOOL ROAD, OPP. VIDYA BHARATHI SCHOOL, GOWRI KALUVE,, CHIKMAGALUR , IN |
| Postal Code | 577101 |

REPRESENTATIVE

| | |
|--|-------------------------|
| Name | AFSAR AHMED AFSAR AHMED |
| Grounds of the right of representation | Member of board |

AUTHORIZED ENTITY

| | |
|---------------------|---|
| Legal name | Baltic LEI AS |
| Registration Number | 14357869 |
| LEI code | 89450027AK4LSOGXGY18 |
| Registration type | Official Registration Agent |
| Website | https://indialei.in |

We authorize the following Legal Entity to apply, transfer or renew Legal Entity Identifier(s) in our name. We acknowledge that the Legal Entity will collect relevant information from public sources or representatives of the Authorizing Company.

We understand that the information will be represented in the GLEIF Legal Entity Identifiers database on behalf of Authorizing Company.

Authorization can be stopped any time by informing the Authorized Entity.

DATE

23.10.2024

AFSAR AHMED AFSAR AHMED



SIGNATURE