Form **8937** (December 2017)

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-0123

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Pa	art Reporting I	ssuer						
1	Issuer's name			2 Issuer's employer identification number (EIN)				
WNS	S (HOLDINGS) LIMITED							
	Name of contact for add			5 Email address of contact				
HEA	D OF INVESTOR RELA	ATIONS	97	David.Mackey@wns.com				
6	Number and street (or P	P.O. box if mail is not	contact	7 City, town, or post office, state, and ZIP code of contact				
JAY	SUITES, NEW YORK,	515 MADISON AVE		NEW YORK, NY 10022				
8	Date of action		cription					
27 N	MARCH 2024		EXCHANGE OF AMERIC	AN DEPOSITORY	SHARES FOR UNDERLYING ORDINARY SHARES			
10	USIP number 11 Serial number(s)		s) 12 Ticker sym	bol	13 Account number(s)			
	92932M929		WNS					
Pa	rt II Organizatio	nal Action Atta	h additional statements if r	needed. See bac	k of form for additional questions.			
14	Describe the organiza	tional action and, if a	pplicable, the date of the actio	on or the date agair	nst which shareholders' ownership is measured for			
	the action ► WNS (H	IOLDINGS) LIMITEI	("WNS") SHALL BE TERMII	NATING ITS AME	RICAN DEPOSITORY SHARES ('ADS') FACILITY &			
ARI					SHARES OF WNS. THE EXCHANGE SHALL BE			
ONE	-FOR -ONE-EXCHANG	GE, WHEREIN ONE	ADS SHALL BE EXCHANGE	D INTO ONE SHAI	RE. THE ADS FACILITY SHALL TERMINATE			
					L BE LISTED AND AVAILABLE FOR TRADING			
	THE NEW NEW YORK	•						
-								
15					ne hands of a U.S. taxpayer as an adjustment per MITED ORDINARY SHARE RECEIVED IN THE			
EXC	HANGE SHOULD BE T	HE SAME AS THE	TAX BASIS OF THE WNS (HO	OLDINGS) LIMITEI	D ADS EXCHANGED THEREFOR.			
16	Describe the calculation valuation dates ► NO	•	asis and the data that support	s the calculation, s	such as the market values of securities and the			
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Part		Organiz	ational Action (co	ntinued)									
17 Li	st the	applicable	e Internal Revenue Cod			section(s)	upon whic	ch the tax t	treatmen	t is based I	·		
NOT AF	PPLIC	ABLE											
40 0	on on:	, voo. Itioa	loss be recognized?	NOT A	DDI ICADI								
18 C	an any	resulting	loss be recognized? ▶	NOTA	PPLICABL	<u>.E</u>							
19 P	rovide	any other	information necessary	to imple	ment the ac	djustment,	such as th	ne reportat	ole tax ye	ear►			
0			of perjury, I declare that I correct, and complete. Dec										wledge and
Sign Here	Signa	Causa Prince						3/27/2024 Date ▶					
			D1046E4361ED443					_	T:41 - N	ALITUOS	ICED CIONA	TOPY	
	Print		SANJAY PURIA preparer's name		Preparer's	signature			Title ► Date	AUTHUR	ISED SIGNA	PTINI	
Paid Prepa	arer	. IIII I I I I	, p. oparor o riarrio		1 2 2 3 3 3						Check i self-employe	IT	
Use (Firm's nar	me >								Firm's EIN ▶	>	
		Firm's address ▶									Phone no.		

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054