

FORM NO. 34F

[See rule 44G]

**Form of application for giving effect to the terms of any
agreement under clause (h) of sub-section (2) of
section 295 of the Income-tax Act, 1961**

To

The Competent Authority of India
Foreign Tax and Tax Research,
Department of Revenue,
Ministry of Finance and Company Affairs,
New Delhi

Sir,

Whereas the applicant is aggrieved by the action of the tax authority of _____ (name of the country) for the reasons given hereunder, the matter may kindly be taken up with the competent authority of _____ (name of the country) under Article _____ of the _____ (specify the agreement) between India and _____ (name of the country). The relevant details in this regard are as under:

Name of the Applicant in Block Letters	Permanent Account No. Ward/Circle
Office Address in Block Letters	
Telephone No.	Assessment Year
Residential Address in Block Letters [If applicable]	Previous year(s) ending on
Telephone No.	
Status	
Name and Designation of Tax Authority in the Foreign State (Treaty Partner)	
Date of the notice or order giving rise to the action	
Is the order/action of the income-tax authority of the country outside India not in accordance with the agreement? If so, the reasons thereof.	

(attach separate sheet if required)

The following documents in support of our claim are enclosed:—

- (1) Copy of notice or order giving rise to action
- (2) _____
- (3) _____

Verification

I, _____ son/daughter/wife of _____ Shri _____ solemnly declare that to the best of my knowledge and belief, the information given in this application and the annexures and statements accompanying it is correct and complete and particulars shown therein are truly stated and relate to the previous year(s) relevant to the assessment year _____.

2. I also declare that to the best of my knowledge, I have not concealed any fact or information which could be relevant for deciding my application.

3. I further declare that I am making this application in my capacity as (designation) and that I am competent to make this application and verify it.

Date _____

Place _____

(Signature)