

Name of office																													
Flat/Room/ Door / Block No.																													
Name of Premises/ Building/ Village																													
Road/Street/ Lane/Post Office																													
Area / Locality / Taluka/ Sub- Division																													
Town / City / District																													
State / Union Territory	Pincode / Zip code										Country Name																		

8. Address for Communication ☐ **Resident** ☐ **Office** (Please tick as applicable)

9. Telephone Number & Email ID details

Country Code	Area/STD Code	Telephone/Mobile Number	E MAIL ID
Country Code Area/STD Code	Area/STD Code Telephone/Mobile Number	Telephone/Mobile Number	E MAIL ID

10. Status of applicant

Please select status, ☒ as applicable

☐ Individual	☐ Hindu undivided family	☐ Company	☐ Partnership Firm	☐ Government
☐ Trusts	☐ Body of Individuals	☐ Local Authority	☐ Artificial Juridical Persons	☐ Association of Persons
				☐ Limited Liability Partnership

11. Registration Number (for company, firms, LLPs, etc.)

12. In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

13. Source of Income

☐ Salary	☐ Capital Gains	☐ Income from Business / Profession	Business/Profession code [For Code: Refer instructions]
☐ Income from Other sources	☐ Income from House property	☐ No income	

14. Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name: initials are not permitted)

Please select title, ☒ as applicable ☐ Shri ☐ Smt. ☐ Kumari ☐ M/s

Last Name / Surname

First Name

Middle Name

Address

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15. Documents submitted as Proof of Identity(POI) and Proof of Address (POA)

I/We have enclosed as proof of identity and as proof of address. (Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable)

16. Declaration

I/We, the applicant, in the capacity of do hereby declare that what is stated above is true to the best of my/our information and belief.

PLACE

DATE