

[See rule 158]

Sr. No.

1. Name

2. Date of Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

3. Taxpayer Identification Number (TIN) in the Country of Residence

4. Office Address

5. Communication Address

6. Status (select one as applicable)

7. Registration Number ((for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals , Artificial Juridicial Person and Trust), if any)

8. Contact Details

PART B- Source of Income

9. Source of Income (select one or more)

PART C - Assessing Officer (AO Code)

10. Assessing Officer (AO Code)

1 of 4

Part D- Representative Assessee (RA) /Authorized Representative (AR)**11. RA / AR Name**

First Name

Middle Name

Last Name

12. Permanent Account Number (if any)**13. Aadhaar Number (if Permanent Account Number is not available)****14. RA / AR Address**

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State

Country/Region

PIN / ZIP CODE

15. Contact Details

(i) Mobile Number

Country Code

Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code (if any)

STD Code

Landline Number

PART E- Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant**16. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant**☐

(i) Proof of Identity

☐

(ii) Proof of Address

☐

(iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

17. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative☐

(i) Proof of Identity

☐

(ii) Proof of Address

Verification & Declaration

a. I , in the capacity of(Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect.

Designation.....

Place.....

Date.....

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)

Name: _____

Designation: _____