FORM NO. 15CA

Income-tax Department [See rule 37BB]

Information to be furnished for payments to a non-resident not being a company, or to a foreign company

Ack. No.

2946

 ${\bf Part} \ {\bf A}$ (To be filled up if the remittance is chargeable to tax under the provisions of the Income-tax Act,1961 and the remittance or

	Name of remitter	FASCINO EX	PORTS PVT. LTD
REMITTER	[Permanent Account Number or Aadhaar Number] of the remitter (if available)	ABCDF123	
	TAN of the remitter (if available)	DEL H9876	
	Complete address, email and phone number of the remitter	DELIISO70	Basement no 12,Sarjapur Bihar,India
	Status of remitter ¹	Company	fascino@exports.com
	Residential status of remitter ²	00114-4111	
ш	Name of recipient of remittance	BLEU LLC	
REMITTEE	[Permanent Account Number or Aadhaar Number] of the recipient of remittance, if available	GHIJK5678L	
E S	Complete address, email and phone number of the recipient of remittance		600 MEADOWLANDS PARKWAY, SU
2	Country to which remittance is made	Australia	253, SECAUCUS, NEW YORK, NJ 070 USA ,info@dejablue.com
	Amount payable before TDS (In Indian Currency)	25940.40	CON , in it is disjustice.com
	Aggregate amount of remittances made during the financial year including this proposed remittance	2004-05-16	
ш	Name of bank	Deutsche Bank	AG
REMITTANCE	Name of the branch of the bank	New York	
È	Proposed date of remittance	2024-05-16	
	Nature of remittance	Deutsche Bank	AG
≅	Please furnish the relevant purpose code as per RBI	S0210	
	Amount of TDS	1645.78	
	Rate of TDS	2.00	
	Date of deduction	2024-05-16	
We*	VERIFICATION Jill (full name in block letters), som/daughter of Patrick	in th	e
apacity nowled ocume pove r		o the best of mubmit the requision the recipient of the	y e e
nowled ocume bove r	(full name in block letters), son/daughter of Patrick cushorized Signlarienation) solemnly declare that the information given above is true to ge and belief and no relevant information has been concealed. I/We* further undertake to suts for enabling the income-tax authorities to determine the nature and amount of income of the emittance as well as documents required for determining my liability under the Income-tax ble for deduction of tax at source.	o the best of mubmit the requisithe recipient of the x Act as a personal to the control of the c	y e e
nowled ocume oove re sponsi	(full name in block letters), son/daughter of Patrick unforized Signlerignation) solemnly declare that the information given above is true to ge and belief and no relevant information has been concealed. I/We* further undertake to so that for enabling the income-tax authorities to determine the nature and amount of income of tomittance as well as documents required for determining my liability under the Income-table for deduction of tax at source. Signature of the person responsible for paying to non-	o the best of mubmit the requisi the recipient of the x Act as a personal-resident	y e e
pacity nowled coume pove responsi Place Dat Delete v Write 1 In case of	(full name in block letters), son/daughter of Patrick cushorized Signlarignation) solemnly declare that the information given above is true to ge and belief and no relevant information has been concealed. I/We* further undertake to so this for enabling the income-tax authorities to determine the nature and amount of income of to mittance as well as documents required for determining my liability under the Income-table for deduction of tax at source. Signature of the person responsible for paying to non thickneyer is not applicable. Received Trime, write 3 if individual and write 4 if others. If company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if	o the best of mubmit the requisi the recipient of the x Act as a personal-resident	y e e e n
pacity nowled coume ove responsi Place Dat Delete v Write 1 In case on on-resi	(full name in block letters), son/daughter of Patrick cushorized Signardian) solemnly declare that the information given above is true to ge and belief and no relevant information has been concealed. I/We* further undertake to so that for enabling the income-tax authorities to determine the nature and amount of income of the emittance as well as documents required for determining my liability under the Income-tax ble for deduction of tax at source. Signature of the person responsible for paying to one of the enable for determining my liability under the Income-tax authorities of the person responsible for paying to not be expected in the person responsible for paying to one of the person my	o the best of mubmit the requisi the recipient of the x Act as a personresident non-resident	y e e e n

(To be filled up if the remittance is chargeable to tax under the provisions of the Income-tax Act,1961 and the remittance or the aggregate of such remittances, as the case may be, [exceeds] five lakh rupees during the financial year and an order/certificate u/s 195(2)/195(3)/197 of Income-tax Act has been obtained from the Assessing Officer)

	EE.	Name of remitter	
2	E =	[Permanent Account Number or Aadhaar Number] of the remitter	

	TAN of the remitter				
		mhon of the nomitton			
	Complete address, email and phone nu				
	Status of remitter ²				
	Residential status of remitter ³				
田田	Name of recipient of remittance				
LIL	[Permanent Account Number or Aadhaar Nu				
REMITTEE	Complete address, email ⁵ and phone nu	umber ⁶ of the recipient of remittance			
⊠					
~	Section under which order/certificate has be	een obtained			
A.O. ORDER	Name and designation of the Assessing Off	ficer who issued the order/certificate			
A.	Date of order/certificate				
	Order/ certificate number				
	Country to which remittance is made	Country:	Currency:		
	Amount payable	In foreign currency:	In Indian Rs.		
	Name of the Bank	Branch of the Bank			
田田	BSR Code of the bank branch (7 digit)				
) X	Proposed date of remittance	(DD/MM/YYYY)			
l <u>E</u>	Nature of remittance as per agreement/ doc				
REMITTANCE	Please furnish the relevant purpose cod				
RE	Amount of TDS				
	Rate of TDS				
	Date of deduction				
		<u>VERIFICATION</u>			
I/We*,	(full_nai	me in block letters), son/daughter of	in the		
capacity o	of (designation) solemnly dec	clare that the information given above is	s true to the best of my		
		on has been concealed. I/We* certify tha			
		1961 has been obtained, particulars of whi			
		documents for enabling the income-tax au			
		e above remittance as well as documents re			
	nder the Income-tax Act as a person response		quired for determining my		
,					
	••				
Place:	S	Signature of the person responsible for paying	g to non-resident		
Date:	Name and	Designation of the person responsible for pa	aying to non-resident		
* Delete whichever is not applicable. In case TAN is applied for, please furnish acknowledgement number of the application. Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others. In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident. In case of non-availability of [Permanent Account Number or Aadbaar Number], provisions of section 206As shall be applicable					
⁵ If available ⁶ If available.					

remittance or the aggregate of such remittances, as the case may be, exceeds five lakh rupees during the financial year and a certificate in Form No. 15CB from an accountant as defined in the *Explanation* below sub-section (2) of section 288 has been obtained)

Section	1 A GENERAL INFO	RMATION]
	Name of the remitter	BLEU LLC								
ER	[Permanent Account Number or ZBCDE9834F] Aadhaar Number], of remitter	Area Code	AO Ty	oe	Rang 4	ge Coo	de	AO No 123		
E	Principal Place of Business	TAN of remitte	r¹	DE	L H	9	8	7 6 5	K	
REM	Complete address, email and phone number of the remitter	Basement No.7, Keshava, Bandra-Kurla Complex, Bandra (Ba						ast), Mumbai 400051, Ir		

	Sta	atus ² Company	Residential	status of remitte	er³ R	esident				
	Na	me of recipient of remittan	ice	DEJA BLEI	U LLC		re	ecipient of r	remittance ^a	AadhaarNimber]of the
TEE	Sta	Status ⁵ Company		⊥ IGH			G_H_	IIJ IK I5	<u>16 17 18 1L1T</u>	
REMITTEE	Ac	Address 600 MEADO		DWLANDS PARKWAY, SUITE 253, S, NEW YORK, NJ 07094, USA		3,	Country to which remittance is made USA			
	Pr	incipal place of business New york Business P		nail address				(ISD co	de)-Phone Nu	ımber
	(a)					Jack	Doe			
	(b)	Name of the proprietor	ship/firm of the	e accountant			& Asso	ciates		
ACCOUNTANT	(c)	Address			123 Ma	ain Str	eet, Any	ytown, CA 912	234, USA	
ACC	(d)	Registration No. of the	accountant			CA12	3456			
	(e)	Date of certificate (DD	/MM/YYYY)	16-05-2023		Certificat CERT-2		01		
DER	(a)	Income-tax Act has bee Officer.	en obtained fro	m the Assessing		(Tick)] Yes	☐ No	
A.O. ORDER	(b)									
A	(d)									
Secti	(e) on B			TANCE AND T	DS (a	s per certi	ificate	of the a	ccountant)	
	1.	Country to which remitta		Country: US/	Α				Currency:	
-	2.	Amount payable		In foreign curr		5940.40 New York	l.		In Indian R	s. 5878901.23
田	3. 4.	Name of the Bank BSR Code of the bank br	anch (7 digit)	Branch of the	0 0	2 1	K			
ž	5.	Proposed date of remittar		(DD/MM/YY		16-05-202	23			
REMITTANCE	6	Nature of remittance as p document	Payment for	r goods						
RE [7.	Relevant purpose code		S0210						
	8.	In case the remittance is whether tax payable has up?		(Tick)	Yes	₩ ₀	•			
	9.	Taxability under the prov Income-tax Act (without DTAA)		0						
LT.AC T		(a) the relevant section of which the remittance is co(b) the amount of income	overed	100000.00					-	
Ξ		tax (c) the tax liability		2000.00					-	
		(d) basis of determining t and tax liability		2000.00						
	10.	If any relief is claimed un (i) whether tax residence obtained from the remittance			Yes	☐ No	ı			
		(ii) please specify relevan		N/A						
DTAA		(iii) please specify relev DTAA N/A		Nature of pa DTAA	yment a	ıs per				
		(iv) taxable income as per		In Indian Rs.						
Ì		(v) tax liability as per DT	AA	In Indian Rs.						
Ì		A. If the remittance is fo	r royalties, fee	(Tick)	Yes	No	1			

		for technical services, interest, dividend, etc., (not connected with permanent establishment) please indicate:-		
		(a) Article of DTAA		
		(b) Rate of TDS required to be deducted in terms of such article of the applicable DTAA	As per DTAA (%) 2.00	
		B. In case the remittance is on account of business income, please indicate:-	(Tick) Yes No	
		(a) The amount of income liable to tax in India		
		(b) The basis of arriving at the rate of deduction of tax.		
		C. In case the remittance is on account of capital gains, please indicate: (a) amount of long term capital gains	(Tick) Yes No	
		(b) amount of short-term capital gains		
		(c) basis of arriving at taxable income		
		D. In case of other remittance not covered by sub-items A, B and C	(Tick) Yes No	
		(a) Please specify nature of remittance (b) Whether taxable in India as per DTAA		
		(c) If yes, rate of TDS required to be deducted in terms of such article of the applicable DTAA		
		(d) if not, please furnish brief reasons thereof specifying relevant article of DTAA		
	11.	Amount of tax deducted at source	In foreign currency 2000.00 In Indian Rs. 16456.78	
	12.	Rate of TDS	As per Income-tax Act (%)	
TDS			or 2.00 As per DTAA (%)	
	13.	Actual amount of remittance after TDS	In foreign currency 102169.00	
	14.	Date of deduction of tax at source, if any	(DD/MM/YYYY) 15-03-2024	
			VERIFICATION	
my/o obtai of de not b dedu- for th docu- above	city of ur* kn ned fro duction een de cted on e said ments e remi	Authorized Signatory (designation) solowledge and belief and no relevant in om an accountant, particulars of which no ftax at source. In case where it is ducted or after deduction has not been not paid, as the case may be, along we default as per the provisions of the I for enabling the income-tax authoritie	ull name in block letters), son/daughter of emnly declare that the information given formation has been concealed. I/We* certin are given in this Form, certifying the arr found that the tax actually deductible on the paid or not paid in full, I/We* undertake the interest due. I/We* shall also be subject income-tax. Act, 1961. I/We* further under to determine the nature and amount of inford determining my/our liability under the	above is true to the best of ffy that a certificate has beer rount, nature and correctness he amount of remittance has to pay the amount of tax no t to the provisions of penalty rtake to submit the requisite acome of the recipient of the
]	Place:		he person responsible for paying to non-re	sident
I	Date:	Name and D	esignation of the person responsible for pa	Lying to non-resident

- * Delete whichever is not applicable.

 ¹In case TAN is applied for, please furnish acknowledgement number of the application.

 ²Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

 ³In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if one-resident.

 ¹In case of non-availability of [Permanent Account Number or Acathewn Number], provisions of section 206AA shall be applicable

 ³Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

 ³Accountant shall have the meaning as defined in Explanation below sub-section (2) of section 288 of the Income-tax Act, 1961.

 ³Please fill the serial number as mentioned in the certificate of the accountant.

Part D

[To be filled up if the remittance is not chargeable to tax under the provisions of the Income-tax Act, 1961 {other than payments referred to in rule 37BB(3)} by the person referred to in rule 37BB(2)]

REMITTER	Name of the remitter								
	[Permanent Account Number or Andhaar Number] of the remitter, if available								
	TAN of the remitter, if available								
	Complete address, email and phone numb	er of the remit	ter						
	Status of remitter ¹								
	Residential status of the remitter ²								
	Name of recipient of remittance								
題	[Permanent Account Number or Aadhaar Number] of the recipient of remittance, if available								
REMITTEE	Complete address, email ³ and phone number ⁴ of the recipient of remittance								
쮼	Country to which remittance is made		Country:			Currency:			
	Country of which the recipient of remittance is resident, if available								
	Amount payable	In foreign currency:			In Indian Rs.				
ш	Name of the bank		Name of the	branch of	the bank				
LANC	BSR code of the bank branch (7 digit)								
REMITTANCE	Proposed date of remittance (DD/MM/YYYY)			•	•				
22	Nature of remittance								
	Please furnish the relevant purpose code as per RBI								

I certify that I have reason to believe that the remittance as above is not chargeable under the provision of Income-tax Act 1961 and is not liable for deduction of tax at source.

VERIFICATION

I/We*,	(full name in block letters), son/daughter of	in the
capacity of	(designation) solemnly declare that the information given above is true to	the best of
my/our* knowledge and b	belief and no relevant information has been concealed. In a case where it is found t	that the tax
actually deductible on the	amount of remittance has not been deducted or after deduction has not been paid or	not paid in
full, I/We* undertake to j	pay the amount of tax not deducted or not paid, as the case may be, along with in	iterest due.
I/We* shall also be subject	ct to the provisions of penalty for the said default as per the provisions of the Incon	ne-tax Act,
1961. I/We* further und	ertake to submit the requisite documents for enabling the income-tax authorities to	determine
the nature and amount of	income of the recipient of the above remittance as well as documents required for de-	etermining
my/our* liability under the	e Income-tax Act as a person responsible for deduction of tax at source.	
Place:	Signature of the person responsible for paying to non-resider	nt

Date: Name and Designation of the person responsible for paying to non-resident

- * Delete whichever is not applicable.

 1 Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.
- ² In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident.

 ³ If available.
- ⁴ If available.

For Office Use only	For Office Use Only
	Receipt No.
	Date
	Seal and Signature of receiving official