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.

2WE56

Part 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 the aggregate of such remittances, as the case may be, does not exceed five lakh rupees during the financial year)

H H	Name of remitter	Stellar Marine Foods	
	[Permanent Account Number or Aadhaar Number] of the remitter (if available)	ABCDF1234F	
🖺	TAN of the remitter (if available)	DEL H98765K	
REMITTER	Complete address, email and phone number of the remitter	Basement No.7, Keshava, Bandra-Kurla	
≃	Status of remitter ¹	Company Complex, Bandra (East), Mumbai 400051, ndia,info@stellarmfoods.com,+91-888799	661
	Residential status of remitter ²	2	001
ш	Name of recipient of remittance	United Cater Ltd	
E	[Permanent Account Number or Aadhaar Number] of the recipient of remittance, if available	GHIJK5678L	
REMITTEE	Complete address, email and phone number of the recipient of remittance	Unit 14 Fleetway Business Park,	
=	Country to which remittance is made	United Kingdom United Kingdom United Kingdom	
	Amount payable before TDS (In Indian Currency)	8901.23	
	Aggregate amount of remittances made during the financial year including this proposed	2024-03-18	
	remittance	2527.55.15	
田田	Name of bank	HDFC Bank	
ž	Name of the branch of the bank	New York	
l È	Proposed date of remittance	2024-03-18	
REMITTANCE	Nature of remittance	Canara Bank	
	Please furnish the relevant purpose code as per RBI	S0210	
	Amount of TDS	16456.78	
	Rate of TDS	2.00	
	Date of deduction	2034-03-15	

VERIFICATION

	VERIFICATION
capacit or enabling the capacit of the capacit of the capacity	(full name in block letters), son/daughter of Peter Smith in the (Stynation) solemnly declare that the information given above is true to the best of my and no relevant information has been concealed. I/We* further undertake to submit the requisite the income-tax authorities to determine the nature and amount of income of the recipient of the ll as documents required for determining my liability under the Income-tax Act as a person of tax at source.
Place:	Signature of the person responsible for paying to non-resident
Date:	Name and Designation of the person responsible for paying to non-resident
² In case of company, write 1 non-resident	icable. if firm, write 3 if individual and write 4 if others. if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if off [Permanent Account Number or Acellusar Number], provisions of section 206AA shall be applicable

Part B

(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)

Ī	ZE~	Name of remitter	
	EN F	[Permanent Account Number or Aadhaar Number] of the remitter	

	TAN of the remitter		
	Complete address, email and phone nu	mber of the remitter	
	Status of remitter ²		
	Residential status of remitter ³		
	Name of recipient of remittance		
REMITTEE	L .	mber] of the recipient of remittance, if available ⁴	
[Complete address, email ⁵ and phone nu		
REN	Complete address, email and phone no	imber of the recipient of remittance	
A.O. ORDER	Section under which order/certificate has be		
9.5	Name and designation of the Assessing Off	icer who issued the order/certificate	
o _F √	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	iii iiidaii KS.
ш	BSR Code of the bank branch (7 digit)	Dianell of the Daine	
N N	Proposed date of remittance		(DD/MM/YYYY)
T.	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 na	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	
section 19	5(2)/195(3)/197 of the Income-tax Act,	1961 has been obtained, particulars of whi	ch are given in this Form.
I/We* fur	ther undertake to submit the requisite	documents for enabling the income-tax au	thorities to determine the
nature and	amount of income of the recipient of th	e above remittance as well as documents re	quired for determining my
	nder the Income-tax Act as a person responder		
Place:		Signature of the person responsible for paying	
riace.	S	orginature of the person responsible for paying	ig to non-resident
Date:	Name and	Designation of the person responsible for pa	aying to non-resident
	chever is not applicable. I is applied for, please furnish acknowledgement m	umber of the application	
	ompany, write 2 if firm, write 3 if individual and w		
3 In case of co	ompany, write 1 if domestic company, write 2 if fo	reign company, in case of person other than company,	write 3 if resident, write 4 if
non-resident.		a Haraw Nivershard propriations of continue 204 A A - L - III	elicaldo
In case of no	on-availability of [<i>Permanent Account Number or Ad</i>	<i>adhaar Number</i>], provisions of section 206AA shall be ap	pucable
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	A GENERAL INFO	RMATION							
	Name of the remitter	Goa Marine Fo	ods						
ER	[Permanent Account Number or A B C D B 1 2 3 4 F Aadhaar Number], of remitter	Area Code	AO Ty	pe	Ran 4	ge Co	de	AO No 123	\exists
III	Principal Place of Business	TAN of remitter	.1	DE	L F	9	8	7 6 5	<
REN	Complete address, email and phone number of the remitter	Basement No.	7, Kesh	ava, B	andra-l	Kurla	Comp	olex, Bandra	(East), Mumbai 400051, Ind

	St	atus ² Company	Residential st	atus of remitter ³	Resident			
	N:	ame of recipient of remittar	nce	Excelx Ltd		recipient of r	emittance ^a	or Audhuur Nimber] of the
TEE	Status ⁵ Company				LG H	III IK 15	16 17 18 ILIT	
REMITTEE	A	ddress		vay Business Park, P 66 7LD, United Kingdo		Country to which remittance is made:		
	Pr	incipal place of business Unit 14 Fleetway Bus		ail address		(ISD co	de)-Phone N	lumber
-	_	Perivale, Greenford I.	IB6 7LD Torue	rs@unitedcater.co.uk		()		
	(a				John Do	9		
	(b		ship/firm of the	accountant	Doe & As	sociates		
ACCOUNTANT	(c)) Address			123 Main S	Street, Any	rtown, CA 9	1234, USA
AC	(d	Registration No. of the	accountant		CA12345	6		
	(e	Date of certificate (DD	/MM/YYYY)	17-03-2044	Certificate N CERT-2024			
A.O. ORDER	(a	Whether any order/ cer Income-tax Act has bee Officer.			(Tick)	Yes	□ No	
S	(b		der/certificate ha	as been obtained				
]	(c		of the Assessing	Officer who issued				
A.C	(d	the order/certificate Date of order/certificat	ρ					
	(e							
Sect	ion B			TANCE AND TDS	as per certifica	te of the a	ccountant)	
	1.	Country to which remitta	nce is made	Country: United Ki			Currency:	
	2.	Amount payable Name of the Bank		In foreign currency: Branch of the Bank			In Indian	Rs. 8578901.23
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	4.	BSR Code of the bank br	anch (7 digit)		0 2 1			
۱ž	5.	Proposed date of remittar		(DD/MM/YYYY)	17-03-2024			
REMITTANCE	6	Nature of remittance as document		Payment for good	ls			
Ē	7.	Relevant purpose code	as per RBI	S0210				
	8.	In case the remittance is whether tax payable has up?	s net of taxes,	(Tick) Ye	s No			
	9.	Taxability under the prov Income-tax Act (without		0				
H		(a) the relevant section of						
LT.ACT		which the remittance is c (b) the amount of income		100.00				
		(c) the tax liability		2000.00				
		(d) basis of determining t	axable income	2000.00				
	10.	If any relief is claimed ur (i) whether tax residence		(Tick) Ye	s No			
		(ii) please specify releva	nt DTAA	N/A				
DTAA		(iii) please specify rele		Nature of paymen DTAA	t as per			
		(iv) taxable income as pe		In Indian Rs.				
		(v) tax liability as per DT	'AA	In Indian Rs.				
	ĺ	A. If the remittance is fo	r royalties, fee	(Tick) Ye	s No			

		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	
S	12.	Rate of TDS	As per Income-tax Act (%) or 2.00	
TDS			As per DTAA (%)	
	13. 14.	Actual amount of remittance after TDS Date of deduction of tax at source, if any	In foreign currency 102169.00 (DD/MM/YYYY) 15-03-2024	
		any	VEDIEICATION	
1.	I/We	*, <u>Jane</u> Smith (f	VERIFICATION ill name in block letters), son/daught	ter of <u>Peter Smith</u> in the
my/o obtain of de not be deduce	ur* kn ned fro ductio een de cted or	Authorized Signatory (designation) sole lowledge and belief and no relevant in om an accountant, particulars of which n of tax at source. In case where it is ducted or after deduction has not been not paid, as the case may be, along w	ormation has been concealed. I/We* are given in this Form, certifying the cound that the tax actually deductible paid or not paid in full, I/We* under the interest due. I/We* shall also be s	certify that a certificate has been ne amount, nature and correctnes to not the amount of remittance hand take to pay the amount of tax no subject to the provisions of penalty
docui above	ments e remi	default as per the provisions of the I for enabling the income-tax authoritie ttance as well as documents required onsible for deduction of tax at source.	to determine the nature and amount	t of income of the recipient of the
F	Place:	Signature of t	he person responsible for paying to n	on-resident
Ι	Date:	Name and D	20-01-2025 esignation of the person responsible	for paying 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)]

~	Name of the remitter							
	[Permanent Account Number or Andhaar Number] of the remitter, if available							
REMITTER	TAN of the remitter, if available							
SEMI SEMI	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 Na		Name of the	branch of	of the bank			
REMITTANCE	BSR code of the bank branch (7 digit)							
EIM	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.

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	Receipt No.
	Date
	Seal and Signature of receiving official