information

Name of the representative assessee

Address of the representative assessee

Aadhaar No. of the representative assessee

Capacity of the Representative

following information -

Name of Company

2

PRADHAN DENTAL CENTRE LLP

TAPROOTS DENTAL HEALTH LLP

In case you are a Citizen of India or a Person of Indian Origin (POI), please specify -

Total period of stay in India during the previous year (in days)

Total period of stay in India during the 4 preceding years (in days)

Permanent Account Number (PAN) of the Representative assessee

Type of Company

3

Name of Firm

2

INTERNATIONAL ACADEMY OF LASER AND DIGITAL DENTISTRY LLP

MUMBAI ACADEMY OF IMPLANTS AND LASER DENTISTRY LLP

Whether you are a Partner in a Firm? If yes, please furnish following information -

Do you want to claim the benefit u/s 115H (Applicable in case of Resident)?

Whether this return is being filed by a representative assessee? If yes, please furnish following

(ii)

(g)

(h)

(i)

(1)

(2)

(3)

(4)

(5)

(j)

SI.

No. 1

(k)

SI.

No.

1

1

2

3

4

(1)	Whether you have held unlisted equity shares at any time during the previous year? If yes, please furnish following information in respect of equity shares -													
SI. No.		Type of Compan Y		Opening Balance			nares acqu Date of	res acquired dur	ing the ye	Purchas e price per share	Shares transferred during the year		Closing balance	
				No. of shares	Cost of acquisiti on	No. of shares	subscrip tion / purchas e	Face value per share	per share (incase of fresh issue)	(in case of purchas	No. of shares	Sale conside ration	No. of shares	Cost of acquisit ion
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
(m)	In th	e case of r	non-resider	nt, is there	a Permane	ent Establ	ishment (Pl	E) in India	1?					
(n)	In ca	se of non-	resident, is	there a S	ignificant E	conomic	Presence (S	SEP) in Inc	dia?					

PAN of Company

AARFP1890L

AAOFT8659A

AAHFI5253I

ABWFM6201A