8. Address for Communication Residence ✓ Office	(Please tick as applicable)
9. Telephone Number & Email ID details	
Country code Area/STD Code Telephone / Mobile number	
9866297283	
Email ID info@digital-lync.com .	
10. Status of applicant  Please select Status    I   I   I   I   I   I   I   I   I	Government
Please select Status, as applicable	H
Individual Hindu undivided family Company Partnership Firm	Association of Persons
Trusts Body of Individuals Local Authority Artificial Juridical Persons	Limited Liability Partnership
11. Registration Number (for company, firms, LLPs, etc.)	
U 4 5 4 0 0 T G 2 0 1 6 P T C 1 1 2 3 5 4	
12. In case of a citizen of India, then	
Please mention your AADHAAR number (if allotted)	
13. Source of Income	Please select status, ✓ as applicable
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 column 1-13.	or the person, whose particulars have been given in
Full Name (Full expended name: initials are not permitted)	
Please select title,  as applicable Shri Smt. Kumari M/s	<del></del>
Last Name / Surname	<del>-+++++</del>
First Name	<del>-+++++</del>
Middle Name	
Address Flat/Room/ Door / Block No	
Flat/Room/ Door / Block No.  Name of Premises/ Building/ Village	<del></del>
Name of Premises/ Building/ Village	<del></del>
Road/Street/ Lane/Post Office	<del>╶┼┼┼┼┼┼┼</del>
Area / Locality / Taluka/ Sub - Division	<del>╶┼┼┼┼┼┼┼</del>
Town / City / District State / Union Territory Pincode / Zip code Count	try Name
15. Documents submitted as Proof of Identity(POI) and Proof of Address (POA)	
I/We have enclosed Certificate of Incorporation	as proof of identity and
Certificate of Incorporation	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]	
AND TO VOVA	DIRECTOR
16. I/We MANIKANTA KONA , the applicant, in the capa	acity of DIRECTOR
do hereby declare that what is stated above is true to the best of my/our information and belief.	
ಥೂಗ	Lync Real Estates Pvt. Ltd.
Place HYDERARAD	Lync Real Estates Pvt. Ltd.
Place HYDERABAD	K. I hanikanie
	Signature / Left Thumh Impression of Applicant
Date D M M Y Y Y Y	Signature / Left Thumb Impression of Applicant (inside the box)