**RENT RECEIPT**

Choose from the drop box

Monthly

Quarterly *(divide quarterly rent amount by 3 and give p.m rent amount below)*

Half Yearly *(divide half yearly rent amount by 6 and give p.m rent amount below)*

Received a sum of Rs. \_\_\_\_\_\_\_\_\_\_\_\_ **per month** (in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) from Mr./Ms/Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ towards rent of the premises as mentioned in the below for the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or if quarterly /half-yearly From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Address of the House Landlord’s Address for which Rent is paid

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of the Landlord**

**ANNEXURE: For claiming HRA exemption**

**NAME OF EMPLOYEE :**

**BANK ID :**

I, hereby declare that I will pay a monthly rent of Rs. ………………… (in figures)

…………………….…………………………………………………………………………………… (in words) towards rent for my residential accommodation for the period January’18 to March’18.

I, hereby request Standard Chartered Global Business Services Private Limited to grant the HRA exemption u/s 10 of the Income Tax Act for the months of January’18 to March’18 based on this declaration.

Name of Owner Mr. /Ms. ……………………………………………………………………………………

Employee Residential Address: - ……………………………………………………………………….

………………………………………………………………………………………………………….................

…………………………………………………………………………………………………………………………

I also undertake to indemnify the company for any loss/liability that may arise in the event of the above declaration being incorrect.

Place:

Date:

…………………………………………………………….

**Signature of the Employee**

**Note: This declaration form is mandatory for those employees who want to claim HRA Exemption for the period January'18 to March’18.**