FORM NO. 49B

[See sections 203A and rule 114A]

Form of application for allotment of tax deduction and collection account number under section 203A of the Income-tax Act, 1961

The Assessing Officer (TD	OS/TCS)																			
Assessing Officer																				
Code (TDS/TCS)																				
Area Code																				
AO Type																				
Range Code																				
AO Number																				
Sir,		1																		
Whereas *I/we *am/are liable	to *deduct/collec	t tax	or o	dedu	ict t	ax a	and	co11	ect i	tax	in a	cco.	rdan	ce v	with	Chant	er			
XVII under the heading *'B																				
And whereas no *tax deductio																				
and tax collection account num						cou	110 11	WIII	, , ,	1 111	/	cacio			o um					
*I/we give below the necessar																				
[Please refer to the instruction		the fo	rm1																	
i rease refer to the matraetion	s octore mining up	the ro	/1111 _]																	
1. Name (Fill only one of the o	columns 'a' to 'h'	which	neve	r is	app]	lical	ble.))												
a. Central / State Governmen Tick the appropriate entry	ıt :																			
Central Government				Loc	al A	uth	ority	/ (C	entra	al G	love	rnm	ent)			Г				
State Government				Loc	al A	uth	ority	/ (S	tate	Gov	ern	men	t)							
																	_			
Name of Office																				
																	\top			
Nama of Organization																	┿	H	H	<u> </u>
Name of Organization																	+	-	₩	-
					Ш												<u> </u>	<u> </u>	느	<u> </u>
Name of Department																				
Name of Ministry																	Ī			
·																	+			
Designation of person																	+		H	
responsible for making pa	nyment/																+		\vdash	\vdash
collecting tax	ушеш/																		<u> </u>	
	1.																			
b. Statutory/autonomous bod	nes																			
Tick the appropriate entry Statutory Body				A 114	onor	2011	a Da	dr									_			
SIAUHOTY BOOV				Auto	onor	non	s Bc	иIV								1				

To

Name of Office																		
Name of Organization		<u> </u>	<u> </u>						<u> </u>							<u> </u>		
Timme of Organication																		
Designation of person																		
responsible for making payment/																		
collecting tax																		
c. Company : (See Note 1) Tick the appropriate entry																		
Central Government Company/Company established by a Central Act	State Government Comp any/Company established by a State Act																	
Other Company																		
Title (M/s.) (Tick, if applicable)																		
Name of Company																		
Designation of person																		
responsible for making payment/collecting tax																		
d. Branch/Division of a Company:																		
Tick the appropriate entry		<u> </u>																
Central Government Company/Company established by a Central Act	State Government Comp any/Company established by a State Act																	
Other Company																		
Title (M/s.) (Tick, if applicable)																		
Name of Company																		
Name of Division																		
N. /I. / CD 1								l										
Name/Location of Branch																		
Designation of narrow	H																	_
Designation of person responsible for																		
making payment/collecting tax																		
e. Individual/Hindu Undivided Family (Karta)	(See	No	te 2)															
Tick the appropriate entry																		
Individual			Hin	du u	ındi	vide	d fa	mily	/									
Title (Tick the appropriate entry for individual)																	
Shri Smt.)						K	uma	ıri									
							K	uma	ari									
Shri Smt.		[K	uma	ıri									
Shri Smt. Last Name/Surname		[K	uma	ari									

Tick the appropriate entry

Branch of individual business	Branch of Hindu undivided family																			
Individual/Hindu undivided family (karta)																				
Title (Tick the appropriate entry for individual) Shri Smt.)						ν	uma	:											
Last Name/Surname			Г					uma	111											
											<u> </u>				<u> </u>					
First Name																				
Middle Name																				
Name/Location of Branch																				
g. Firm/Association of persons/ association of	pers	ons	(trus	sts)/	boc	ly o	f inc	livic	lual	arti I	ficia	ıl ju:	ridio	cal p	erso	n (S	See 1	Note	3)	
Name																				
h. Branch of firm/association of persons/assoc	L	n of	ner	ons	(tm	iete)	/ho	dy o	fine	livi	dual	/arti	fici:	al in	ridic	al r	erso	nn		
Name of firm/association of persons/						1010)						urti				/ur p				
association of persons (trusts)/																				
body of individual/artificial juridical person																				
Name/Location of Branch																				
2. Address																				
Flat/Door/Block No.																				
Name of Premises/Building/Village																				
Road/Street/Lane/Post Office																				
Area/Locality Taluka/Sub Division																i				
Town/City/District											 									
State/Union Territory											<u> </u>									
PIN							<u> </u>													
(Indicating PIN is mandatory)																				
Telephone No. STD Code		Т	elep	hon	e No),														
e-mail ID (a) (b)	+		4	+	+	+	-			+	+	-	-			_				
3. Nationality (Tick • the appropriate entry)				Ir	ıdia	n	+				Fore	ion				<u> </u>	_			
4. Permanent Account Number (PAN)					Idia				T		T		T		Т	Τ			1	
5. Existing Tax Deduction Account Number (T.	AN).	if a	ny				F	Ť	Ť	Ť	Ť	İ	Ť		Ť	T		Ī	7	
6. Existing Tax Collection Account Number (T			-						t				T							
7. Date (DD-MM-YYYY)							Ħ		Ť.	-		Ť.	-		İ		i			
									;	Sign	ned (App	olica	ant)						

Verification															
[/we*				in n	ny/our*	capacity a	ıs			_ do hereby declare					
hat wh	at what is stated above is true to the best of my/our* knowledge and belief.														
Verify today, the			-		_										
		D	D	M	M	Y	Y	Y	Y						
									(Signature Applicant	e/Left Thumb Impression of t)					

Note:

- 1. This column is applicable only if a single TAN is applied for the whole company. If separate TAN is applied for different divisions/branches, please fill details in (d).
- 2. For branch of individual business/Hindu undivided family, please fill details in (f).
- 3. For branch of firm/AOP/AOP (Trust)/BOI/artificial juridical person, please fill details in (h).
- 4. *Delete whichever is inapplicable.