FORM NO. 49B

[See section 203A and rule 114A]

Form of application for allotment of Tax Deduction Account Number under Section 203A of the Income-tax Act, 1961

То																			
The	Ass	sessing Officer (TDS)																	
	••••																		
Sir,																			
		as I/*we am/are liable to deduct tax in source' of the Income-tax Act, 1961;	acco	rdaı	nce	witl	h Cl	hapt	er X	ΚVI	I ur	der	the	hea	adin	ıg 'I	3. –	De	duc-
And	l w	hereas no tax deduction account numb	er has	s be	en a	allo	tted	to 1	me/	us*:	;								
I/*\	We	hereby request that a tax deduction ac	count	nuı	mbe	er be	e all	lotte	ed to	o me	e/us	*;							
I/*\	We	give below the necessary particulars:																	
1.	Na	me (Please see notes before filling up)	– Fill	lon	ly o	ne o	of th	ne co	olun	nns	ʻa'	to 'l	h' w	hic	hev	er is	ap	plic	able
	a.	Central/State Government:																	
		Name of Office																	
		Name of Organization																	
		Name of Department																	
		Name of Ministry																	
		Designation of person responsible																	
		for making payment.																	
	b.	Statutory/autonomous bodies/																	
		local authorities:																	
		Name of Office				· 			· 	· 			· 						
						I			I	I	l								
		Name of Organization																	
		Designation of person responsible						1			1			Ι					
		for making payment																	
	c.	Company:		I		Ι					ı —								
		Name of Company																_	

^{*} Delete whichever is inapplicable

	Name of Division																		
	Designation of principal officer or any officer responsible for making payment																		
d.	Branch of a Company:				l									 					
u.	Name of Company			<u> </u>	<u> </u> 														
	Name of Division	L													<u></u>				
							Щ												Щ
	Name/Location of Branch																		
	Designation of principal officer or any officer responsible for making payment																		
e.	Individual/Hindu Undivided Fami	ily (K	art	a)			,				,								
	Last Name/Surname														L				
	First Name																		
	Middle Name																		
f.	Branch of Individual Business (So	ole pro	opr	ieto	rsh	ip c	onc	ern)	/Hi	ndu	Un	divi	dec	l Fa	mil	y (K	Cart	a)	
	Individual/Hindu Undivided Fami	ily (K	arta	a)															
	Last Name/Surname																		
	First Name																		
	Middle Name																		
	Name/Location of branch																		
g.	Firm/Association of persons/																		
	Association of persons (Trusts)/																		
	Body of Individuals/Artificial Juridical Person																		
h.	Branch of Firm/Association of pecial Juridical person	rsons/	/As	soc	iati	on c	of pe	erso	ns (Tru	sts).	/Bo	dy (of ir	ıdiv	'idu	als/	Arti	ifi-
	Name of Firm/Association of pers Juridical Person	sons/A	Ass	ocia	tio	n of	per	son	s (T	rust	s)/I	3od	y of	find	livio	dua	ls/A	rtif	icia
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											l					Ι			
	Name/Location of branch					 					 								
Δ.4	dress							1										<u></u>	
a.	Mailing Address																		
	Flat/Door/Block No.		Τ	\top	1								1	\top	\top	<u> </u>	\top	7	
	Name of Premises/Building		<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>		 			_ _	
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2.

	Town/City/District State Pin Code Telephone No. tionality of Deductor (Tick/t) Category of Government December 1 Central government State Government Local Authority Date on which the tax was fire provisions of Chapter XVII	the app	(Ticl C e: S e:	iate er k / the Central stablis tate G	e approp Govern shed by a sovernm shed by a	oriate en nment C a Centra ent Con	an atry) Compar al Act mpany/	f ny/Corj	Foreig	on		
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9.	a. Existing Tax Deduction Account N	umber (TAN), if any	
	b. Ward/Circle/Range		
10.	Date		-
		Verification	Signed (Applicant)
I/We*			in my/our capacity as
		do hereby declare that wha	
the bes	st of my/our* knowledge and belief.	, and the second	
Verifie	ed today this the	day of	
at			
at			
*Doloto	whichever is inapplicable		Signed (Applicant)
Delete	winchever is mappineable		

Notes:

- 1. Before signing the verification, the declarant should satisfy himself that the information furnished in the declaration is true, correct and complete in all respects. Any person making a false verification in the declaration shall be liable to be prosecuted under section 277 of the I.T. Act, 1961, and on conviction be punishable with rigorous imprisonment and fine.
- 2. Name of the assessee should be written in full and not in abbreviated form. As an exception, very large Middle names may be abbreviated. While filling in name, please do not prefix it with Shri, Smt., M/s, Kumari, Late, Major, Dr., etc. Please leave a blank box between any two parts of the name. In the case of Hindu Undivided Family. Firm, Association of Persons, Association of Persons (Trusts), Local Authority or Artificial Juridical Person, initials may be used only if they are part of a registered name.
- 3. Mailing addresses should be given in the specified format. PIN must be mentioned.
- 4. Give the STD code in the boxes provided and give the contact telephone number, if any.
- 5. Tick / only one of the appropriate boxes.
- 6. Give date in the format DD-MM-YYYY.

Example: Write date 21-9-1956 as

2 1 - 0 9 - 1 9 5 6