Form No. 49B

[See section 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

Го,		
Assessing Officer (TDS / TCS)		
Assessing Officer Code (TDS / TCS)		
Area code	<u> </u>	
AO Type Range Code	 	
AO Number		
Sir,		
	or deduct tax and collect tax in accordance with Chapter XVII under the heading *'B. $-$ Decome-tax Act, 1961;	eduction
And whereas no Tax Deduction Account Numboumber has been allotted to *me/us; I/We give below the necessary particulars:	er/Tax Collection Account Number or Tax Deduction Account Number and Tax Collection	Account
Please refer to instructions before filling up the	form 1	
Name - (Fill only one of the columns 'a' to 'h		
	, Willowson to applicable.)	
(a) Central / State Government:		
Tick the appropriate entry	Central Government State Government Local Authority (Central Govt.)	
	Local Authority (State Govt.)	
Name of Office		
Name of Office		
Name of Organisation		
Name of Department		
Name of Ministry		
Designation of the person responsible		
for * making payment / collecting tax		
3 1 3 1 3 1 3 3 3 3 3		
(b) Statutory / Autonomous Bodies :		
Tick the appropriate entry	Statutory Body Autonomous Body	
Name of Office		
Name of Organisation		$\overline{}$
Tame of Organisation		
		\top
Designation of the control of the		
Designation of the person responsible for * making payment / collecting tax		

(c) Company (See Note 1) :																																		
Tick the appropriate entry	Gov esta								ation								any/ ate		pora	ation			Company											
Title (M/s) (tick if applicable)																																		
Name of Company																																		
Designation of the person responsible																																		
for * making payment / collecting tax																																		
(d) Branch/Division of a Company:		I			1							1		·	I			I	<u> </u>	·			·		ш									
Tick the appropriate entry Government Company/Corporation established by a Central Act Government Company/Corporation established by a State Act Company Title (M/s) (tick if applicable)																																		
Name of Company				ı -	1	ı -		ı			I -																							
Name of Company											 																							
Name of Division																																		
	Г																																	
Name/Location of Branch																																		
Designation of the person responsible																																		
for * making payment / collecting tax		_		 		<u> </u>		l	_	_	l —													 										
						<u> </u>	<u> </u>		<u> </u>	<u> </u>																								
(e) Individual / Hindu Undivided Family (Ka			_	Not	e 2)						_	1			ı																			
Tick the appropriate entry	Indi	vidu	al [Н	ındı. —	ı Un		ded . –	Far	nily		14																				
Title (tick the appropriate entry for individual	ıaı) —			Shr	¹				Sm	1t				K	uma	rı L																		
Last Name / Surname	L																																	
First Name																																		
Middle Name																																		
(f) Branch of Individual Business (Sole pro	prie	tors	hip	COI	ncer	n)/	Hine	du l	Jndi	ivid	ed F	am	ily (Kar	ta)																			
Tick the appropriate entry	Brai	nch	of Ir	ndiv	idua	l bu	sine	ss]	Bran	nch (of H	indu	Un	divid	ded	Fan	nily [
Individual/ Hindu Undivided Family (Karta):																																	
Title (tick the appropriate entry for individual	ual)			Shri					Sm	nt.				Kı	ıma	ri 🗌																		
Last Name / Surname																																		
First Name																																		
Middle Name																																		
Name/Location of branch																																		
(g) Firm / Association of Persons / Association	ation	of	Pers	son	s (T	rust	s) /	Вос	dy c	of In	divi	dua	ls /	Arti	ficia	al Ju	uridi	ical	Per	son	(Se	e N	lote	3) :										
Name																																		
				· 	<u> </u>					· 																								

(h) Branch of Firm / Association of Person	ons / A	ssc	ocia	tion	of	Pei	rsor	ıs (T	rus	ts) /	Во	dy d	of In	div	idua	ıls /	Art	ifici	al J	urid	ical	Per	sor	1:	
Name of Firm / Association of Persons	/ Assoc	iatio	on o	fΡε	erso	ns (Tru	sts) /	/ Bo	ody o	of In	divic	luals	s / A	Artific	cial .	Jurio	dica	l Per	rson	:				
																		L	\Box	L					
																			\prod						
Name/Location of branch																				L					L
Address																									
Flat / Door / Block No.																									
Name of Premises / Building / Village										Ι								I							
Road / Street / Lane / Post Office																									
Area / Locality / Taluka / Sub-Division																		L							
Town / City / District																									
State / Union Territory							T		Γ									$\overline{\Box}$		$\overline{\Box}$					Π
PIN code					Ī		1																		
Telephone No.	STD	Co	ode				_ 				Pho	one	No.		Ι				$\overline{}$	$\overline{}$	\top		T	Т	
e-mail IDs a)	П																	T	T	Ī					<u> </u>
			1		1	l	1	İ	<u> </u>	Ì	l				Ì			T					$\overline{}$		Π
b)						l	1											$\overline{\Box}$	$\overline{}$						 T
				$\overline{\Box}$	i i	T		T	T									$\overline{\top}$	$\overline{\top}$	$\overline{\Box}$		$\overline{}$	\equiv		_
Nationality of Deductor (Tick the approp Indian Foreign	oriate er	ntry	')]]																						
Permanent Account Number (PAN) - (spe	ecify wh	nore	J	anı	nlica	hla)																		
Termanent Associati Number (1 Arty 1650)	cony wi	,0,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	αрμ	moa	DIO,	′																		
Existing Tax Deduction Account Numbe	r (if any	<i>(</i>)																							
]																				
Existing Tax Collection Account Number	r (if any	<i>')</i>																							
Date (DD MM VVVVV)																									
Date (DD-MM-YYYY)																									ı
																L		Sic		A) b	nnl	icar			
					٧	eri	fica	tior	1									٥.۶	,	. (, ,	PP.	Juli	-,		
I/We, in months the best of my/our knowledge and beli		cap	aci	ly a	as						do	o he	ereb	y d	lecla	are	tha	t wh	nat i	is st	ate	d al	oov	e is	; tru
rerified today the	у у	у]																						
at											 (Się	gna	ure							sion					

- 1 This column is applicable only if a single TAN is applied for the whole company. If separate TANs are 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/Association Of Persons/Association Of Persons (Trust) / Body Of Individuals/Artificial Juridical Person, please fill details in (h).
- * Delete whichever is inapplicable.