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

To,																								
Assessing Officer (TDS / TCS)																								
						-																		
						-																		
Assessing Officer Code (TDS / TCS)																								
Area code																								
AO Type																								
Range Code																								
AO Number																								
Sir,					_																			
Whereas *I / we *am / are liable to *deduct / at source' or 'BBCollection at source' of the And whereas no Tax Deduction Account Nu Number has been allotted to *me/us;	e Inco	me-	tax /	Act,	196	1;																		
*I / We give below the necessary particulars	<u>.</u>																							
[Please refer to instructions before filling up	the fo	orm j]																					
1 Name - (Fill only one of the columns 'a'	to 'h'	, whi	iche	ver i	s ap	plica	ble.))																
(a) Central / State Government:									_						7								_	
'''''	ent	_		-	4	Sta	ate C	Sove	ernm	ent		Loc	al A	utho	rity	Cer	ntral (Govt	i.)					
	Local	Aut	norit	y (S	tate	Gov	rt.) 	L																
Name of Office																								
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Name of Organisation																								
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Name of Department																								
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Name of Ministry																								
			Ш																_					
Designation of the person responsible for * making payment / collecting tax																								
ioi making payment / collecting tax			Ш																			\Box	\perp	
(b) Statutory / Autonomous Bodies : Tick the appropriate entry	Sta	ituto	ry Bo	ody			A	Auto	nom	ous	Boo	dy												
Name of Office																								
	-						\dashv															\dashv	\dashv	_
		1															l	1	I	l		<u>_</u>		
Name of Organisation	-		$\vdash \vdash$				\dashv											\vdash	\vdash			\dashv	\dashv	
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Designation of the person responsible for * making payment / collecting tax	-		H				\dashv	\dashv	\dashv	_												\dashv	\dashv	_

(c)	Company (See Note 1):																									
	Tick the appropriate entry Government Gover	omp a Ce	any entra	/ Co al Ac	rpor t	atio	n _		Government Company / Corporation Othe established by a State Act Com												er mpany					
	Title (M/s) (tick if applicable)																									
	Name of Company																									
					<u> </u>																			Ш		
	Designation of the person responsible																									
	for * making payment / collecting tax																									
(d)	Branch/Division of a Company:																									
	Tick the appropriate entry Govern																ther ompany									
Title (M/s) (tick if applicable)																										
	Name of Company																									
																								Ш		
	Name of Division																									
																								\square		
	Name/Location of Branch																									
	Designation of the person responsible for * making payment / collecting tax																									
(e)	Individual / Hindu Undivided Family (K	arta) - (S	See	Note	2)	:																			
(-,	Tick the appropriate entry	,	Indi			,			Hir	ndu	Und	ivide	ed Fa	amily	у											
	Title (tick the appropriate entry for indivi	dual)	S	hri			;	Smt				Ku	mar	i											
	Last Name / Surname																									
	First Name																									
	Middle Name																									
(f)	Branch of Individual Business (Sole pr	oprie	etor	ship	oo co	ncei	n) /	Hin	du l	Jndi	vide	d F	amil	y (K	arta	a)										
	Tick the appropriate entry	Bra	ınch	of I	ndivi	dua	l bus	sines	ss					Ві	ranc	h of	Hine	du L	Indiv	vide	d Fa	mily				
	Individual/ Hindu Undivided Family (Kar	ta):																								
	Title (tick the appropriate entry for indivi	Title (tick the appropriate entry for individual)								Smt.					Kumari											
	Last Name / Surname																									
	First Name																									
	Middle Name																									
	Name / Location of branch																									
(g)	Firm / Association of Persons / Associ	atior	n of	Per	son	s (T	rust	s) / l	Bod	y of	Ind	ivid	uals	/ Aı	rtific	ial .	Jurio	dica	l Pe	rsoi	ı (S	ee N	ote	3) :		
	Name																									

	(h)	Branch of Firr	m / Association of Persor	ıs / A	Asso	cia	tion	of I	Pers	ons	(Tr	usts) / B	ody	of I	ndiv	vidu	als	/ Art	tifici	al J	urid	ical	Pers	son	:		
		Association of I	Association of Persons / Persons (Trusts) / Body of ificial Juridical Person:																									
		Name / Locatio	n of branch																									
2	A	address																										
		Flat / Door / Blo	ock No.																									
		Name of Premi	ses / Building / Village																									
		Road / Street /	Lane / Post Office																									
		Area / Locality	/ Taluka / Sub-Division																									
		Town / City / Di	strict																									
		State / Union T	erritory																									
		PIN code]																		
		Telephone No.		STI	O Co	de									Pho	one I	No.											
		e-mail IDs	a)																									
			b)																									
3	N	lationality of De	eductor (Tick the appropr	iate	entı	y)																						
		Indian																										
		Foreign																										
4	Р	ermanent Acco	ount Number (PAN) -	(\$	spec	ify w	vher	evei	r app	olical	ble)																	
5	F	xisting Tax De	duction Account Number		(i:	f any	v)																					
5	_	Alsting Tax Dev	Account Number	$\overline{}$	\ 	1 an	y)	7	\neg																			
6	Е	xisting Tax Co	llection Account Number		(i	f any	y)																					
7	D	ate (DD-MM-Y)	YYY)																Г								٦	
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No	tes	3:																										

- 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).
 For branch of Individual business/Hindu Undivided Family, please fill details in (f).
 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.