## 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

10,	
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/collect at source' or 'BBCollection at source' of the Ir	t or deduct tax and collect tax in accordance with Chapter XVII under the heading $^*$ B. – Deduct ncome-tax Act, 1961;
And whereas no Tax Deduction Account Numb Number has been allotted to *me/us; *I/We give below the necessary particulars:	per/Tax Collection Account Number or Tax Deduction Account Number and Tax Collection Acco
Please refer to instructions before filling up the	e form 1
Name = (Fill only one of the columns 'a' to 'f	
	1, Willowor 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 Department	
Name of Ministry	
Designation of the person responsible	
for * making payment / collecting tax	
(b) Statutory / Autonomous Bodies :	
Tick the appropriate entry	Statutory Body Autonomous Body
Name of Office	
Name of Organisation	
-	
Designation of the person responsible	
pesignation of the person responsible	

for \* making payment / collecting tax

(c) Company (See Note 1) :																									
Tick the appropriate entry	Government Company/Corporation Government Company/Corporation established by a Central Act established by a State Act														her [ mpa	ıny									
Title (M/s) (tick if applicable)																									
Name of Company																						$\Box$			
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Designation of the person responsible																							I		
for * making payment / collecting tax																									
(d) Branch/Division of a Company:																									
Tick the appropriate entry  Government Company/Corporation  Government Company/Corporation														Othe Com		у									
Title (M/s) (tick if applicable)																									
Name of Company																							$\Box$		
Name of Division																						L	L		
Name/Location of Branch																									
Designation of the person responsible																						L	L		
for * making payment / collecting tax																									
(e) Individual / Hindu Undivided Family (K	arta)	- (\$	See	Not	te 2)	:																			
Tick the appropriate entry	Indi	vidu	al [			Н	lindı	ı Ur	divi	ded	Far	nily			]										
Title (tick the appropriate entry for individ	ual)			Sh	ri 🗀				Sm	nt.				K	uma	ıri [									
Last Name / Surname																									
First Name																					L	L			
Middle Name																									
(f) Branch of Individual Business (Sole proprietorship concern)/ Hindu Undivided Family (Karta)																									
Tick the appropriate entry	Bra	nch	of I	ndiv	idua	l bu	sine	ess				Brar	nch	of H	indu	ı Un	divi	ded	Far	nily			]		
Individual/ Hindu Undivided Family (Karta	ı):																								
Title (tick the appropriate entry for individ	ual)			Shr	i [				Sm	ıt. 🗌				K	uma	ri 🗌									
Last Name / Surname																									
First Name																									
Middle Name																						$\Box$			
Name/Location of branch																									
(g) Firm / Association of Persons / Associ	ation	of	Per	son	s (T	rus	ts) /	Во	dy c	of In	divi	idua	ıls /	Art	ificia	al J	urid	ical	Pe	rsor	n (S	ee	Note	3)	:
Name																									
																	_			_			$\overline{}$		$\overline{}$

Name of Firm / Association of Persons /	/ Ass	ociat	ion (	of P	erso	ns i	(Trus	sts) /	Bo	ody c	of Inc	divid	luals	: / A	rtific	ial .	Jurio	dical	l Pe	rsor	1:				
Name/Location of branch																				L	L		L		
2 Address																									
Flat / Door / Block No.																				$\Box$					
Name of Premises / Building / Village																									
Road / Street / Lane / Post Office																									
Area / Locality / Taluka / Sub-Division																				$\Box$					
Town / City / District																									
State / Union Territory																									
PIN code				Ι		Ι																			
Telephone No.	S	TD C	ode	:							Pho	one	No.									Ι		$\perp$	
e-mail IDs a)																									
b)																									
																				T	Τ		T		
3 Nationality of Deductor (Tick the appropr Indian	riate	entr	y)																						
Foreign			╛																						
4 Permanent Account Number (PAN) - (spe	ecify	whei	eve	r ap	plica	ible,	)																		
Existing Tax Deduction Account Number	r (if a	เกง)																							
	` 	<i>,,</i>	Т	Τ	1																				
6 Existing Tax Collection Account Number	r (if a	ny)	-	-	_																				
7 Date (DD-MM-YYYY)																									
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					V	⁄eri	fica	tior	1									Siç	yi ie	d (A	ıppı	Icai	11)		
*I/We, in m to the best of my/our knowledge and belie		ır ca	pac	ity	as						dc	he	reb	y d	ecla	ıre i	that	t wł	nat	is s	tate	d a	bov	e is	true
Verified today the d d m m y	у	у у																							
at Notes :			<b>i</b> n							•••	(Siç	gnat	ure	/Let	t TI	านท	nb I	lmp	res	sion	of	App	plica	ınt)	••••

(h) Branch of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:

- 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).
- 4 \* Delete whichever is inapplicable.