## 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

Го																			
The Assessing Officer (TD	S/TCS)																		
Assessing Officer																			
Code (TDS/TCS)																			
Area Code																			
AO Type																			
Range Code																			
AO Number																			
Sir,																			
,	4- *4-44/114			4		1	11	4 .						:41.	Cl	4			
Whereas *I/we *am/are liable XVII under the heading *'B																			
And whereas no *tax deduction																			
and tax collection account num					cou.	nt n	umc	er o	or ta	x de	auc	uon	acc	oun	ı num	ber			
*I/we give below the necessary	y particulars:																		
Please refer to the instructions before filling up the form]																			
1. Name (Fill only one of the c	olumns 'a' to 'h' wl	hichev	ver is	app	lical	ble.)	)												
a. Central / State Governmen Tick the appropriate entry	t :																		
Central Government			Loc	cal A	Auth	ority	/ (C	entr	al G	ove	rnm	ent)			Ī				
State Government			Loc	cal A	Auth	ority	/ (St	ate	Gov	ern	men	t)							
	_																		
Name of Office																			
Name of Organization																			
Name of Department																	Ī	Ī	
- · · · · · · · · · · · · · · · · · · ·																			
27 (275)				1			 					 	 		l				
Name of Ministry				-													-	<u> </u>	
Designation of person																			
responsible for making pay	yment/																		
collecting tax																			
b. Statutory/autonomous bodi	ies		1	1			•			1		•							
Tick the appropriate entry																			
Statutory Body			Aut	tono	mou	s Bo	ody												
			_																

Name of Office																	
Name of Organization																	
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 Other Company		State Government Comp any/Company established by a State Act															
• •																	
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															ı		
Central Government Company/Company established by a Central Act  State Government Company/Company established by a State Act																	
Other Company		4															
Title (M/s.) (Tick, if applicable)												1	1		I		
Name of Company																	
N (D)																	
Name of Division																	
Name/Location of Branch		ĺ															
Designation of person																	
responsible for																	
making payment/collecting tax																	
e. Individual/Hindu Undivided Family (Karta)	(See	Not	te 2)														
Tick the appropriate entry																	
Individual			Hin	du u	ndiv	vide	d fa	mily	7								
Title (Tick the appropriate entry for individual	)			_								_					
Shri Smt.							K	uma	ıri						ı		
Last Name/Surname																	
First Name	1	1															
First Name																	
Middle Name																	

Tick the appropriate entry

Branch of individual business			Brai	nch	of I	Iind	lu undivided family													
Individual/Hindu undivided family (karta)	•																			
Title (Tick the appropriate entry for individual Shri Smt.	ıl)						Kumari													
Last Name/Surname							111	ıııa	11											
First Name																			H	
														<u> </u> 					닏	
Middle Name														<u> </u>					Ш	
Name/Location of Branch																				
			(1	4.37	1 1			1	1/		<b></b> .	1 .	. 1.	<u> </u>		/(	, ,	NT 4		
g. Firm/Association of persons/ association o Name	i pers	ons	(trus	sts)/	boc	ıy 01	ina	1V1G	uai/	arti	1C1a	ı ju	riai	cai p	erso	on (S	see .	Note	3 3)	
h. Branch of firm/association of persons/asso	ciatio	n of	pers	ons	(tru	ısts)	/bod	y of	ind	livio	lual	arti	fici	al ju	ridi	cal p	erso	on		
Name of firm/association of persons/																Ī				
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																				
Town/City/District																				
State/Union Territory																				
PIN																				
(Indicating PIN is mandatory)																				
		_				г											_			
Telephone No. STD Code		Т	elepl	hone	e No	).				_						<u> </u>				
e-mail ID (a)														-						
3. Nationality (Tick the appropriate entry	)			In	ndia	n				F	ore	ign					_			
4. Permanent Account Number (PAN)																				
5. Existing Tax Deduction Account Number (	ΓAN),	if a	ny															Ŧ	Ī	
<b>6.</b> Existing Tax Collection Account Number (			-																	
7. Date (DD-MM-YYYY)									1-				-							
,																				
										٠.	1 /		1.							

Signed (Applicant)

				$oldsymbol{v}$	erifica	ıtion				
I/we*				in n	ny/our	* capacit	y as			do hereby declare
that wh	at is stated above	is true t	to the b	est of my/o	ur* kn	owledge	and belie	ef.		
Verify	Verify today, the					-				
		D	D	M	M	Y	Y	Y	Y	
									(Signatu Applica	re/Left Thumb Impression of nt)

## 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.