

**FORM NO. 162**  
**Annual Statement under section 505**

**Part A: Particulars pertaining to non-resident person having liaison office in India**

1.	Name:			(refer Note 1)		
2.	Permanent Account Number (PAN):					
3.	Tax Identification Number (TIN), if any, in the country of incorporation or residence:					
4.	Details of head office:					
	i.	Address:			(refer Note 2)	
	ii.	Country of residence:				
	iii.	E-mail Id:				
iv.	Contact Number:			Country Code	Number	
5.	Details of principal office in India:					
	i.	Address:			(refer Note 2)	
	ii.	E-mail Id:				
iii.	Contact Number:			Country Code	Number	
6.	Date of submitting Annual Activity Certificate for the tax year to the Reserve Bank of India:					
7.	Details of the Chartered Accountant signing the Annual Activity Certificate as prescribed by the Reserve Bank of India:					
	i.	Name:			(refer Note 1)	
	ii.	Address:			(refer Note 2)	
	iii.	PAN:				
	iv.	Unique Document Identification Number (UDIN):				
	v.	Membership Number:				
	vi.	Name of the Firm/ Proprietorship:				
	vii.	Firm Registration Number:				
	viii.	E-mail Id:				
	ix.	Contact Number:			Country Code	Number
8.	Tax Year for which the Statement is being submitted:					

**Part B: Other Information**

9.	Details of officer in charge for each office of the non-resident person in India:						
	Sl. No.	Name	Designation	E-mail Id	Contact number	Address of office	
	1.						
2.	(Repeat, if required)						
10.	Details of any salary or compensation of any sort payable outside India to any employee working in India or for services rendered in India:						
Sl. No	Name of employee	PAN (if allotted)	E-mail Id	Contact number	Address of employee in India, if any	Amount of salary or compensation	
1.							
2.	(Repeat, if required)						
11.	Details of agents or representatives or distributors of the non-resident person in India:						

	Sl. No.	Name of agent or representative or distributor		PAN	E-mail Id		Contact number	Address
	1.							
	2.	(Repeat, if required)						
12.	Details of Liaison Office of the non-resident person ( <i>data in Sl. No. 13 to Sl. No. 23. to be furnished Liaison Office wise, multiple sets can be filled based on the number of Liaison Office</i> ):							
13.	Date of the Reserve Bank of India approval for Liaison Office opening:							
14.	Liaison Office Registration Number granted by the Reserve Bank of India:							
15.	Date of opening of Liaison Office in India:							
16.	Address of Liaison Office in India:							
	E-mail Id	Contact number			Address			
17.	Nature of activities undertaken by Liaison Office:							
18.	Details of products or services for which liaisoning activity is done by the Liaison Office:							
	Sl. No.	Liaisoning activity is done for products or services			Description of products or services			
	1.							
	2.	(Repeat, if required)						
19.	Whether there are other group entity or entities operating from the same premises as the office of the Liaison Office? If Yes, provide the following details in respect of such entity or entities:						Yes/No	
	Sl. No.	Name of the entity	PAN of the entity	E-mail Id	Contact number	Address of the entity	Nature of activity undertaken by the entity	
	1.							
	2.	(Repeat, if required)						
20.	Does the Liaison Office perform liaisoning activity for any other entity or entities? If Yes, provide the following details in respect of such entity or entities:						Yes/No	
	Sl. No.	Name of the entity	PAN of the entity	E-mail Id	Contact number	Address of the entity		
	1.							
	2.	(Repeat, if required)						
21.	Details of the top five parties in India with whom the Liaison Office has been doing the liaisoning:							
	Sl. No.	Name of the party	PAN of the party	E-mail Id	Contact number	Address of the party		
	1.							
	2.	(Repeat, if required)						
22.	Total number of employees working in the Liaison Office during the year:							
23.	Details of employees working in the Liaison Office drawing salary or compensation of ₹ 50,000 or above per month:							
	Sl. No.	Name of the employee	PAN (if allotted)	E-mail Id	Contact number	Designation	Amount of salary or compensation	Address of sitting location
	1.							
	2.	(Repeat, if required)						

24.	India specific financial details for the financial year i.e., receipts and expenses of the non-resident person from or in India (not limited to the Liaison Office(s)):							
i.	In respect of the Liaison Office(s):							
	Sl. No.	Liaison Office Registration Number		Receipts		Expenses		
	1.							
	2.	(Repeat, if required)						
ii.	In respect of the non-resident person, including of Liaison Office(s) mentioned above:							
	Sl. No.	Receipts			Expenses attributable to receipts from India			
	1.							
	2.	(Repeat, if required)						
25.	Details of all purchases, sales of material, and services from/to Indian parties during the year by the non- resident person (not limited to transactions made by Liaison Office (s)):							
i.	In respect of the Liaison Office(s):							
	Sl. No.	Nature of transaction	Name of the Indian party with whom transaction is done	PAN of the Indian party	E-mail Id	Contact number	Address of the Indian party	Amount of transaction
	1.							
	2.	(Repeat, if required)						
ii.	In respect of the non-resident person, including of Liaison Office(s) mentioned above:							
	Sl. No.	Nature of transaction	Name of the Indian party with whom transaction is done	PAN of the Indian party	E-mail Id	Contact number	Address of the Indian party	Amount of transaction
	1.							
	2.	(Repeat, if required)						
26.	Whether there is any group entity or entities (including Indian entity/entities of the group or permanent establishment of foreign entity or entities of the group in India) present in India as Branch Office or Companies or Limited Liability Partnerships etc.? If Yes, provide the following details:							Yes/No
Sl. No.	Name of the entity	PAN of the entity	E-mail Id	Contact number	Address of the entity		Nature of business activities	
	1.							
	2.	(Repeat, if required)						
27.	Whether there are other Liaison Offices of the group entities in India? If Yes, provide the following details:							Yes/No
Sl. No.	Name of the entity having the Liaison Office(s)	PAN of the entity	E-mail Id	Contact number	Address of the entity		Nature of activities undertaken by the Liaison Office(s)	
	1.							
	2.	(Repeat, if required)						

### Verification

I, \_\_\_\_\_, hereby affirm that the information provided in this application is true and correct to the best of my knowledge. I have not concealed any relevant fact.

I am submitting this application in my capacity as \_\_\_\_\_ (designation), holding PAN \_\_\_\_\_ and I am competent to verify and submit this application.

Place:  
Date:

Signature:  
Name:  
Designation:

#### Notes:

1. The name shall include full name of the person.
2. The address shall include flat/door/building, road/street/block/sector, area/locality, post office, town/city/district, state, country and pin code.
3. Some of the information in the form would be pre-filled to the extent possible.
4. The amount mentioned in this form is to be filled in rupees unless stated otherwise.