

FORM NO. 187

Appeal against refusal to recognize or withdrawal of recognition from a provident fund/refusal to approve or withdrawal of approval from a superannuation fund or from a gratuity fund

To
The Chairman
Central Board of Direct Taxes, New Delhi

PART-A		
1.	Details of the Appellant (Employer)	
	(i) Name	<i>(refer Note 1)</i>
	(ii) Address	<i>(refer Note 2)</i>
	(iii) PAN	
	(iv) Business/profession	
PART-B		
2.	Nature of Fund (refer to Schedule XI to the Income-tax Act 2025) <i>(select one)</i>	(i) Provident fund (ii) Superannuation fund (iii) Gratuity fund
3.	Details of the order refusing/withdrawing - recognition / approval	
	(i) Details of the Competent Authority	(i) CIT (ii) Pr.CIT (iii) CCIT (iv) Pr.CCIT
	(ii) Decision of the competent authority <i>(select one)</i>	(i) Refused recognition/approval (ii) Withdrawn recognition/approval
	(iii) Date of the order	<i>dd/mm/yyyy</i>
	(iv) Copy of the order	UPLOAD
	(v) Order number	<i>(refer Note 3)</i>
4.	Details of the application for recognition/approval	
	(i) Date of the application	<i>dd/mm/yyyy</i>
	(ii) Copy of the application	UPLOAD
5.	Grounds of appeal	(i) (ii) (iii)
6.	Appeal to <i>(select one)</i>	(i) accord recognition/approval (ii) continue the recognition/approval
<p>For the reasons set out above, it is submitted that the fund should be/continued to be recognized /approved and that the Central Board of Direct Taxes may direct the competent authority to accord recognition/ continue the recognition / accord approval/ continue the approval.</p> <p><i>Date</i> _____</p> <p align="right"> _____ Signature _____ Address of the appellant </p>		
FORM OF VERIFICATION		
We/I, the petitioner(s) named in the above petition do declare that what is stated in the above application is		

true to the best of our/my information and belief, and that the documents enclosed herewith are the true copies of the original.

Date

Signature

Address of the appellant

Notes:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations.
In any other case also, the name shall be provided in full.
2. The address shall contain
 - i. Country/Region,
 - ii. Flat/Door/Building,
 - iii. Road/Street/ Block/Sector,
 - iv. PIN/ZIP Code,
 - v. Post Office,
 - vi. Area/locality,
 - vii. District,
 - viii. State
3. The relevant order number shall be the reference number of the order rejecting or withdrawing recognition or approval, as the case may be.
4. The appeal should be accompanied by a fee of Rs 1,000 to be paid through a challan. Cheques, drafts and other negotiable instruments are not acceptable modes of payment.
5. Where there is more than one petitioner, the person authorized to apply shall sign the form.
6. Some of the information in the form would be pre-filled to the extent possible.