

		relating to the business						
--	--	--------------------------------	--	--	--	--	--	--

DECLARATION

I (name of the authorized signatory) having Permanent Account Number in my capacity as (designation) of (name of the assessee), do hereby declare that what is stated above is true to the best of my knowledge and belief.

Place:

Signature of the Authorised Signatory

Date:

Name:

Designation:

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, 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. Fill ‘person’ status as (i) Individual (ii) Hindu undivided family (iii) Company (iv) Firm (v) Association of persons, whether incorporated or not (vi) Body of individuals, whether incorporated or not (vii) Local Authority (viii) Artificial Juridical Person (ix) Government (x) Trust
4. In case there is more than one person carrying out the activity, separate details to be filled.
5. If carried out by the assessee itself, write “SELF”.
6. Some of the information in the Form would be pre-filled to the extent possible.
7. Amounts to be filled in ₹ unless otherwise provided.