

FORM NO. 61
Authorisation for claiming deduction in respect of any payment made to any financial institution located in a notified jurisdictional area

| Part A: Particulars of the Financial Institution | | | | | | |
|---|--|--|--------------|--------|--|--|
| 1. | Name: | (refer Note 1) | | | | |
| 2. | Address: | (refer Note 2) | | | | |
| 3. | Permanent Account Number (PAN) (if available): | | | | | |
| 4. | E-mail Id: | | | | | |
| 5. | Contact Number: | <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px;">Country Code</td> <td style="width: 50px;">Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Country Code | Number | | |
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| Authorisation |
|--|
| <p>I, _____, hereby authorise the Central Board of Direct Taxes in the Ministry of Finance, Government of India or the Joint Secretary (Foreign Tax & Tax Research)-I or Joint Secretary (Foreign Tax & Tax Research)- II, Central Board of Direct Taxes, as the case may be, acting on behalf of Central Board of Direct Taxes to obtain the information and records relating to my account maintained with _____ (name and address of the financial institution) for the period as may be specified in the notice in writing which may be issued by the Central Board of Direct taxes or the above mentioned Income-tax authority acting on behalf of the Central Board of Direct Taxes.</p> <p>With this authorisation, I hereby waive all protections provided under any law, by whatever name called, for the time being in force including but not limited to the law relating to data protection, privacy or banking secrecy.</p> <p>I understand that "records" encompasses all documents that as an account holder or as a customer I am entitled to obtain on *my own behalf/on behalf of# _____ including:</p> <ul style="list-style-type: none"> (a) documents identifying the account holder, the beneficial owner and/or authorised persons; (b) account opening documents; (c) correspondence between the bank and the customer or beneficial owner or third parties in relation to the account; (d) account statements and statements of assets. <p>The authorisation is irrevocable.</p> <p>I also confirm that I am aware of all the consequences of this authorisation.</p> |

Place:

Signature:

Date:

Name:

Notes:

1. The name shall include the full name of the financial institution.
2. The address shall include flat/door/building, road/street/block/sector, area/locality, post office, town/city/district, state, country/region and pin code/zip code.
3. #Provide name of the company, firm etc. which is the beneficial owner of the account maintained with the financial institution.
4. *Delete whichever is not applicable.