## Form No. 49B

[See section 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

То,																									
Assessing Officer (TDS / TCS)																									
						-																			
						-																			
Assessing Officer Code (TDS / TCS)																									
Area code																									
AO Type																									
Range Code																									
AO Number																									
Sir,					_																				
Whereas *I / we *am / are liable to *deduct / at source' or 'BBCollection at source' of the And whereas no Tax Deduction Account Nur Number has been allotted to *me/us;	e Inco	me-	tax /	Act,	196	1;																			
*I / We give below the necessary particulars:																									
[ Please refer to instructions before filling up	the fo	orm :	]																						
1 Name - (Fill only one of the columns 'a'	to 'h',	, whi	iche	ver i	s ap	plica	able.	)																	
(a) Central / State Government:									_							٦									_
,, ,	Centr					Cai	<b></b> \	-	$\dashv$	Sta	ate (	Gove	ernm	nent		J	Loc	al A	utho	rity	(Cer	tral (	Govt	t.)	
	Local	Auı	nont	y (S	late	Gov	/l.)	L				,													
Name of Office	<u> </u>																						$\Box$		
	-																						$\dashv$		_
Name of Organisation																									
	<u> </u>																						$\dashv$		
			Ш					Ш			_														
Name of Department																									
Name of Ministry																									
											_												$\perp$		
Designation of the person responsible																									
for * making payment / collecting tax											L														
(b) Statutory / Autonomous Bodies : Tick the appropriate entry	Sta	ituto	ry Bo	ody			A	Auto	nom	ous	в Вос	dy													
Name of Office																									
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Name of Organisation			Щ																					$\Box$	
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			Ш								<u> </u>				Ш				<u> </u>						
Designation of the person responsible for * making payment / collecting tax																							$\exists$		

(c) Company (See Note 1):																											
Tick the appropriate entry	Governr establish	nment Company / Corporation shed by a Central Act									Government Company / Corporation established by a State Act											Other Company					
Title (M/s) (tick	Title (M/s) (tick if applicable)																										
Name of Company																											
Designation of the person	responsible						$\overline{}$																		$\neg$		
for * making payment / col	lecting tax			$\Box$																					$\dashv$		
(d) Branch/Division of a Com	npanv:		<u> </u>																								
Tick the appropriate entry	Governm	nent Co	mpa	any /	Cor	pora	ation		$\neg$	G	iove	rnme	ent (	Com	pany	/ / C	orpo	orati	on		٦	Other					
		ment Company / Corporation Government Company / Corporation established by a State Act															Company										
Title (M/s) (tick if applicable)																											
Name of Company	_																								_		
	_																								_		
Name of Division																											
Name/Location of Branch	Γ																										
								!				_	_												_		
Designation of the person responsible for * making payment / collecting tax																											
(e) Individual / Hindu Undivid	ded Family (Ka	rta) - (S	See	Note	2)																						
Tick the appropriate entry																											
Title (tick the appropriate	entry for individu	ual)	S	hri			S	Smt.				Ku	mar	ıri 🔃													
Last Name / Surname																											
First Name																											
Middle Name																											
(f) Branch of Individual Busin	ness (Sole pro	orietor	ship	cor	ncer	n) /	Hind	lu U	Jndi	vide	d F	amil	y (K	arta	1)												
Tick the appropriate entry	١	Branch	of I	ndivi	dua	bus	sines	s					Bı	ranc	h of	Hine	du U	Indiv	/ideo	d Fa	mily	ſ					
Individual/ Hindu Undivide	ed Family (Karta	ı):						,																			
Title (tick the appropriate	Title (tick the appropriate entry for individual) Shri Smt.													Kumari													
Last Name / Surname																											
First Name																											
Middle Name																											
Name / Location of brancl	h						$\neg$																				
(g) Firm / Association of Pers	sons / Associat	ion of	Per	sons	s (Tı	ust	s) / B	Body	y of	Ind	ivid	uals	/ Ar	tific	ial J	lurio	dica	l Pe	rsoı	n (Se	ee N	ote	3) :				
Name	Γ	1					$\overline{}$																		$\neg$		
Hailie	-	+	-	H			$\dashv$					$\square$												$\dashv$	$\dashv$		
	-						+																		$\dashv$		

	(h)	Branch of Firm / Association of Person	ns / A	Asso	cia	tion	of I	Pers	ons	(Tr	usts	) / B	ody	of I	Indiv	vidu	ıals .	/ Ar	tifici	al J	urid	ical	Pers	son:			
		Name of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:																									
		Name / Location of branch																									
2	Α	ddress																									
		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 code									_																
		Telephone No.	STI	O Co	de									Pho	one I	No.	L						Ш	$\underline{}$	$\underline{}$		
		e-mail IDs a)																									
		b)																									
3	N	ationality of Deductor (Tick the appropr	riate	entr	y)																						
		Indian		] ]																							
	_	Foreign		J																							
4	Р	ermanent Account Number (PAN) -	(5	spec	ity w	vner	evei	r app	olica	bie)																	
5	E	xisting Tax Deduction Account Number	r	(it	any	y)																					
					I																						
6	E	xisting Tax Collection Account Number	•	(it	any	y)																					
7	D	ate (DD-MM-YYYY)																									
																		L		Sia	ned	(Ap	 olica	nt)			
							,	Ver	ific	ati	on									Ū		`		,			
*1 /	/ W	e,																				i	n my	/ / oı	ur ca	apac	ity as
			do I	here	by c	decla	are t	hat	what	t is s	state	d ab	ove	is tr	ue to	o the	e be	st of	f my	/ ou	r kn	owle	dge	and	beli	ef.	
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		at												(Si	gnat	 ture	 / Le	 ft Th	numk	 Im <sub>l</sub>	ores	sion	of A	 .ppli	 cant	)	
No	otes	x:																									

- This column is applicable only if a single TAN is applied for the whole company. If separate TANs are applied for different divisions/branches,
- please fill details in (d). For branch of Individual business/Hindu Undivided Family, please fill details in (f).
- For branch of firm/Association Of Persons/Association Of Persons (Trust) / Body Of Individuals/Artificial Juridical Person, please fill details in (h).

  \* Delete whichever is inapplicable.