

**FORM NO. 40C**

[See rule 77]

**Application for recognition**

1. Name of the Fund for which recognition under Part A of the Fourth Schedule to the Income-tax Act, 1961 is sought:	<input type="text"/>
2. Permanent Account Number of the Fund:	<input type="text"/>
3. Date of creation of the fund:	<input type="text"/>
4. Name of the employer:	<input type="text"/>
5. Address of the employer:	<input type="text"/>
6. Business/Profession of the employer:	<input type="text"/>
7. Principal place of business of the employer:	<input type="text"/>
8. Total number of employees:	<input type="text"/>
9. Number of employees employed in India:	<input type="text"/>
10. Number of employees subscribing to the fund:	<input type="text"/>
(i) In India -	<input type="text"/>
(ii) Outside India -	<input type="text"/>
11. Place where the accounts of the funds are/will be maintained:	<input type="text"/>
12. The number of trustees of the fund:	<input type="text"/>
13. The name and address of the trustees:	<input type="text"/>
14. (a) Whether it is an irrevocable trust:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) If not, the reasons thereof:	<input type="text"/>
15. Please indicate the contribution by the employee as a percentage of his salary:	<input type="text"/>
16. Please indicate the contribution by the employer as a percentage of employee's salary:	<input type="text"/>
17. The contribution being made/proposed to be made by the employer:	<input type="text"/>
18. Whether the establishment is covered under Employees' Provident Fund and Miscellaneous Provisions Act, 1952 (EPF and MP Act):	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes,	<input type="text"/>

- (a) whether covered under section 1(3) of EPF and MP Act:
- (b) whether covered under section 1(4) of EPF and MP Act:
19. (a) Whether the establishment is exempt under section 17 of the EPF and MP Act: Yes  No
- (b) If yes, please indicate the exemption number/date and enclose documentary proof:
- (c) If no, please indicate the date of application and attach proof of receipt from Employees Provident Fund Organization:
20. (a) Whether the fund was recognized under the Income-tax Act, 1961 before 31-3-2006: Yes  No
- (b) If yes, please indicate the date of approval and attach a copy of letter of approval:
21. If the fund is already in existence, please furnish the following details relevant to the financial year ending prior to the date of application:
- (a) the total corpus of the fund:
- (b) investment pattern being followed [give breakup in accordance with the investment pattern prescribed in rule 67(2)]:
- (c) a copy of the balance-sheet of the fund:
22. Whether the establishment has an approved superannuation fund. If yes, please indicate the approval number and date and indicate the authority which has granted the approval:
23. Whether the establishment has an approved gratuity fund. If yes, please indicate the approval number and date and indicate the authority which has granted the approval:

VERIFICATION

I/We , the trustees of the above named fund, solemnly declare that the information given in the application is true and correct to the best of my/our information and belief and that the documents sent herewith are the original or true copies thereof.