FORM NO. 49B

[See sections 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

To The 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/heading *'B Deduction at source' or 'BB.												nce	wit	h C	hapt	er Y	(VI)	I un	der the
And whereas no *tax deduction account collection account number has been allotted			ectio	on a	cco	unt	nun	nbei	or	tax	de	duc	tion	acc	oun	t nu	ımb	er a	nd tax
*I/we give below the necessary particulars:																			
[Please refer to the instructions before filling	g up the for	rm]																	
Name (Fill only one of the columns 'a' to a. Central / State Government : Tick the appropriate entry	o 'h' which	ever is	app	lical	ble.))													
Central Government		Loc	cal A	Auth	orit	y (C	entr	al G	love	rnm	ent))							
State Government		Loc	cal A	Auth	orit	y (St	tate	Gov	ern	men	t)				T				
Name of Office																			
Name of Organization																			
Name of Department																			
Name of Ministry				<u> </u>	<u> </u>	<u> </u>		<u> </u>			l	<u> </u>	<u> </u>	<u> </u>			<u> </u>		=
Name of Ministry																			
D		<u> </u>	1	<u> </u>		<u> </u>		1				1	1	<u> </u>					
Designation of person																	<u> </u>		
responsible for making payment/								<u> </u>				<u> </u>	<u> </u>				<u> </u>		
collectiog tax																			
b. Statutory/autonomous bodies Tick the appropriate entry																			
Statutory Body		An	tono	mor	ıs B	odv													

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Name of Office																		
Name of Organization			1															
-																		
Designation of person																		
responsible for making payment/																		
collecting tax																		
c. Company : (See Note 1)								•										
Tick the appropriate entry																		
Central Government Company/Company established by a Central Act			ite G ablis						y/C	omp	any							
Other Company																		
Title (M/s.) (Tick, if applicable)																		
Name of Company																		
Designation of person																		
responsible for making payment/collecting tax	<u> </u>	<u> </u>	ı			1												
d. Branch/Division of a Company:																		
Tick the appropriate entry	1 1							!										
Central Government Company/Company established by a Central Act Other Company	State Government Company/Company established by a State Act																	
• •]																
Title (M/s.) (Tick, if applicable)			1	1	I		I	1	ı									1 1
Name of Company			<u> </u>	<u> </u>														
Name of Division																		
Name of Division								<u> </u>	<u> </u>									
Name/Location of Branch				1				1										
Designation of person	Ħ			1														
responsible for																		
making payment/collecting tax				1	ı		1	I	ı									
e. Individual/Hindu Undivided Family (Karta) (See N	ote 2)															
Tick the appropriate entry		7				1.6	.,											
Individual		Hı	ndu ı	undı	vide	ed fa	ımıl	y										
Title (Tick the appropriate entry for individual)						•					Г							
Shri Smt. Last Name/Surname		<u> </u>	<u> </u>	1	I	K	uma	ırı	ı					1				
	\perp																	
First Name		<u> </u>	<u> </u>															Щ
Middle Name																		
f. Branch of Individual Business (Sole propriet Tick the appropriate entry	orship	conc	ern)/	/Hin	ıdu I	Und	ivid	ed F	ami	ly (1	Kart	a)						
Branch of individual business		Bra	anch	of I	lind	u uı	ndiv	ided	l fan	nily								

Individual/Hindu undivided family (karta) Title (Tick the appropriate entry for individual)																				
Shri Smt.							K	uma	ıri											
Last Name/Surname																				
First Name																				
Middle Name																				
Name/Location of Branch																				
g. Firm/Association of persons/ association of p Name	perso	ons	(trus	sts)/	bod	y of	ind	ivid	lual/	artii	ficia	l jur	idic	al p	erso	on (S	See I	Note	3)	
h. Branch of firm/association of persons/association of persons/	ation	n of	pers	ons	(tru	sts).	/boc	ly o	f inc	livio	lual	arti:	ficia	ıl ju	ridio	cal p	erso	on		
association of persons (trusts)/																				
body of individual/artificial juridical person																				
Name/Location of Branch																				
2. Address	<u> </u>	<u> </u>	<u> </u>													<u> </u>		<u> </u>		
Flat/Door/Block No.																		·		
Name of Premises/Building/Village																				
Road/Street/Lane/Post Office	İ																			
Area/Locality Taluka/Sub-Division																		Ħ		
Town/City/District																				
State/Union Territory	<u> </u>																			
PIN								l					l		l					
(Indicating PIN is mandatory)		I	1	I			J													
Telephone No. STD Code		T	elep	hon	e No	Э.														
e-mail ID (a)	_																			
(b) 3. Nationality (Tick • the appropriate entry)				Ir	ndiai	1				1	Fore	ion								
4. Permanent Account Number (PAN)					IGIGI							1511						T		
5. Existing Tax Deduction Account Number (Ta	AN)	, if a	ny					T								1		Ť	7	
6. Existing Tax Collection Account Number (To																		+		
7. Date (DD-MM-YYYY)										-										
									;	Sign	ned (Арр	olica	int)						
			Ve	rifi	cati	on														
I/we*						do	her	eby	dec	lare				* ca				true	e fo	the
best of my/our * knowledge and belief. Verify today, the	$\overline{\top}$					_ 40	1101	y		ıuı]	. **11	at 18	, su	icu (. 0 13	uuc		
D D M		M	1	Y		Y		Y		Y	_									

(Signature/Left Thumb Impression of Applicant)

Note:

- 1. This column is applicable only if a single TAN is applied for the whole company. If separate TAN is applied for different divisions/branches, please fill details in (d).
- 2. For branch of individual business/Hindu undivided family, please fill details in (f).
- 3. For branch of firm/AOP/AOP (Trust)/BOI/artificial juridical person, please fill details in (h).
- 4. *Delete whichever is inapplicable.

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