

Name of Office

Name of Organization

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

State Government Company/Company established by a State Act

Other Company

Title (M/s.) (Tick, if applicable)

Name of Company

Designation of person responsible for making payment/collecting tax

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d. Branch/Division of a Company :

Tick the appropriate entry

Central Government Company/Company established by a Central Act

State Government Company/Company established by a State Act

Other Company

Title (M/s.) (Tick, if applicable)

Name of Company

Name of Division

Name/Location of Branch

Designation of person responsible for making payment/collecting tax

e. Individual/Hindu Undivided Family (Karta) (See Note 2)

Tick the appropriate entry

Individual

Hindu undivided family

Title (Tick the appropriate entry for individual)

Shri

Smt.

Kumari

Last Name/Surname

First Name

Middle Name

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f. Branch of Individual Business (Sole proprietorship concern)/Hindu Undivided Family (Karta)

Tick the appropriate entry

Branch of individual business	<input type="checkbox"/>	Branch of Hindu undivided family	<input type="checkbox"/>
Individual/Hindu undivided family (karta)			
Title (Tick the appropriate entry for individual)			
Shri	<input type="checkbox"/>	Smt.	<input type="checkbox"/>
			Kumari
Last Name/Surname			
First Name			
Middle Name			
Name/Location of Branch			
g. Firm/Association of persons/ association of persons (trusts)/ body of individual/artificial juridical person (See Note 3)			
Name			
h. Branch of firm/association of persons/association of persons (trusts)/body of individual/artificial juridical person			
Name of firm/association of persons/ association of persons (trusts)/ body of individual/artificial juridical person			
Name/Location of Branch			

2. Address

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	

(Indicating PIN is mandatory)

Telephone No.	STD Code		Telephone No.	
e-mail ID	(a)			
	(b)			

3. Nationality (Tick ✓ the appropriate entry)	Indian	<input checked="" type="checkbox"/>	Foreign	<input type="checkbox"/>
4. Permanent Account Number (PAN)				
5. Existing Tax Deduction Account Number (TAN), if any				
6. Existing Tax Collection Account Number (TCN), if any				
7. Date (DD-MM-YYYY)		-		-

Signed (Applicant)

Verification

I/we* _____ in my/our* capacity as _____ do hereby declare that what is stated above is true to the best of my/our* knowledge and belief.

Verify today, the

		-			-				
D	D		M	M		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.