

Part D- Representative Assessee (RA) /Authorized Representative (AR)

11. RA / AR Name

First Name																								
Middle Name																								
Last Name																								

12. Permanent Account Number (if any)

13. Aadhaar Number (if Permanent Account Number is not available)

14. RA / AR Address

Flat/Door/Building																								
Road/Street/Block/Sector																								
Post Office																								
Area/Locality/Town/City																								
District																								
State	<input type="text"/>	Country/Region	<input type="text"/>	PIN / ZIP CODE	<input type="text"/>																			

15. Contact Details

(i) Mobile Number	Country Code	<input type="text"/>	Mobile Number	<input type="text"/>
(ii) Email ID	<input type="text"/>			
(iii) Landline No. with STD Code (if any)	STD Code	<input type="text"/>	Landline Number	<input type="text"/>

PART E- Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant

16. Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant

(i) Proof of Identity (ii) Proof of Address (iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

17. Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative

(i) Proof of Identity (ii) Proof of Address

Verification & Declaration

a. I , , in the capacity of(Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-Tax Act, 2025 if this declaration is found to be incorrect.

Designation.....

Place.....

Date.....

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)

Name: _____

Designation: _____