



Certified and Authorized



Under the Income –Tax Act 1961

Registered Mutual Fund Advisor



Contact Us:- info@arssolutions.co.in +91 9022838615
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ACKNOWLEDGEMENT

Received ₹ 107/- (inclusive of applicable taxes)- With thanks from Shri/Smt./Kum/M/s	
Application Form 49A Sr. no.	
Date of Receipt	
Processing Fee Coupon no.	
Service-Tax Regn. no. : (AAACU4411CST002) PAN Service Center Code :- PAN Service Center Name :-	Authorized Signatory (With date stamp)

8 Address for Communication Residence Office (Please tick as applicable)

9 Telephone Number & Email ID details

Country code	Area/STD Code	Telephone / Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email ID

10 Status of applicant

Please select status, as applicable Government

Individual Hindu undivided family Company Partnership Firm Association of Persons

Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership

11 Registration Number (for company, firms, LLPs etc.)

12 Please mention your AADHAAR number (if allotted)

13 Source of Income

Please select, as applicable

Salary Capital Gains

Income from Business / Profession Business/Profession code [For Code: Refer instructions] Income from Other sources

Income from House property No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name : initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname

First Name

Middle Name

Address

Flat / Room / Door / Block No.

Name of Premises / Building / Village

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory Pincode

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)

I/We have enclosed as proof of identity, as proof of address and as proof of date of birth.

[Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable] [Annexure A, Annexure B & Annexure C are to be used wherever applicable]

16 I/We , the applicant, in the capacity of

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place :

Date :

Signature / Left Thumb Impression of Applicant (inside the box)