

FORM NO. 10F

[See sub-rule (1) of rule 21AB]

**Information to be provided under sub-section (5) of section 90 or
sub-section (5) of section 90A of the Income-tax Act, 1961**

I, YOUR NAME *son/daughter of Shri. YOUR FATHER NAME in the capacity of YOUR JOB TITLE (designation) do provide the following information, relevant to the previous year.....PREVIOUS FINANCIAL YEAR.. *in my case/in the case of.....BUSINESS NAME for the purposes of sub-section (5) of *section 90/section 90A:—

| <i>Sl.No</i> | <i>Nature of information</i> | : | <i>Details #</i> |
|--------------|--|---|---|
| (i) | Status (individual, company, firm etc.) of the assessee | : | PLEASE SELECT ACCORDINGLY |
| (ii) | Permanent Account Number or Aadhaar Number of the assessee if allotted | : | THIS WILL BE NOT APPLICABLE WRITE NA |
| (iii) | Nationality (in the case of an individual) or Country or specified territory of incorporation or registration (in the case of others) | : | COUNTRY |
| (iv) | Assessee's tax identification number in the country or specified territory of residence and if there is no such number, then, a unique number on the basis of which the person is identified by the Government of the country or the specified territory of which the assessee claims to be a resident | : | YOUR BUSINESS TAX IDENTIFICATION NUMBER |
| (v) | Period for which the residential status as mentioned in the certificate referred to in sub-section (4) of section 90 or sub-section (4) of section 90A is applicable | : | PREVIOUS FINANCIAL YEAR EXAMPLE: 2020-21 |
| (vi) | Address of the assessee in the country or territory outside India during the period for which the certificate, mentioned in (v) above, is applicable | : | YOUR BUSINESS ADDRESS |

2. I have obtained a certificate referred to in sub-section (4) of section 90 or sub-section (4) of section 90A from the Government of COUNTRY (name of country or specified territory outside India)

Signature: YOUR SIGNATURE

Name: YOUR NAME

Address: BUSINESS ADDRESS

Permanent Account Number or Aadhaar Number NOT APPLICABLE WRITE NA

Verification

I YOUR NAME do hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

Verified today the DD day of MONTH, YEAR

..... SIGNATURE

Signature of the person providing the information

Place: CITY

Notes :

1. *Delete whichever is not applicable.
2. #Write N.A. if the relevant information forms part of the certificate referred to in sub-section (4) of section 90 or sub-section (4) of section 90A.