|  |  |
| --- | --- |
| **Name of the Company** | **Dp. Id – Client Id/ Folio No.** |
|   |   |

**FORM NO. 10F**

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

(*designation*) do provide the following information,

relevant to the previous year2020-21 \*in my case/in the case of for the purposes of sub-section (5) of \*section 90/section 90A:—

I \*son/daughter of Shri

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

in the capacity of

|  |  |  |  |
| --- | --- | --- | --- |
| *Sl.No .* | *Nature of information* | : | *Details #* |
| 1.
 | Status (*individual, company, firm etc.*) of the assessee | : |   |
| 1.
 | Permanent Account Number or Aadhaar Number of the assessee if allotted | : |   |
| 1.
 | Nationality (*in the case of an individual*) or Country or specified territory of incorporation or registration (*in the case of others*) | : |   |
| 1.
 | 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 | : |   |
| 1.
 | 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 | : |  2020-21 |
| 1.
 | Address of the assessee in the country or territory outside India during the period for which the certificate, mentioned in (*v*) above, is applicable | : |   |

**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 (*name of country or specified territory outside India*)

*Signature*:

*Name*:

 *Address*:

 *Permanent Account Number or Aadhaar Number***Verification**

 I 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 . day of

*Signature of the person providing the information*

*Place*:

***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.