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8 Address for Communication	Residence	Office	(Please tick as applicable)							
9 Telephone Number & Email ID details										
Country Code Area + 9 1 Email ID	/STD Code	r 	Telephone / Mobile Number							
10 Status of applicant										
Please select status, ☑ as applicable Individual Hindu undivided fan Body of Individuals		any Authority	Partnership Firm Association of Persons Artificial Juridical Person Limited Liability Partr							
11 Registration Number (for company, fir	ms, LLPs, etc.)									
12 In case of a citizen of India, then										
Please mention your AADHAAR number	r (if allotted)									
13 Source of Income			Please select status, 🗹 as applicable							
Salary Income from Business/Profession Income from House Property	Business/Professi	ion Code	[For Code: Refer instructions]	urces						
14 Representative Assessee (RA)										
Full name, address of the Representative Assertion 1-13.	ssee, who is assessable	e under the Incor	ome Tax Act in respect of the person, whose particulars have been give	en in the						
Full Name (Full expanded name: initia	ls are not permitte	(d)								
Please select title, as applicable Last Name / Surname First Name Middle Name	Shri	Smt.	Kumari M/s							
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	z/Zip code							
I/We hve enclosed as proof of address.and [Please refer to the instructions (as specifications)]			as proof of date of birth as proof of date of birth as proof of date of birth or list of mandatory certified documents to be submitted as applicable	1						
[Annexure A, Annexure B & A 16 I/We do hereby declare that what is stated	annexure C are to be	used wherever	, the applicant, in the capacity of							
Place D D M M Date	Y Y Y Y									
			Signature / Left Thumb impression of Applicant (inside	the box)						