Name of the Company	Dp Id – Client Id/ Folio No / FDR No

FORM NO.15G

[See section 197 A(1), 197 A (1A) and rule 29C]

Declaration under section 197A(1) and section 197A (1A) to be made by an individual or person (not being a company or firm) claiming certain incomes without deduction of tax

PART I

					IANII				
1. Name of Assessee (Declarant):				2. PAN of the Assessee:					
3. Sta	3. Status: 4. Previous Year (P.Y.):			P.Y.) :	I	5. Reside	itial Status:		
	(for which declaration is being ma					de)			
6.Flat / Door / Block No:			7.Nar	me of premises:	8. Road / Street / Lane:		9. Area / Locality:		
10. Town / City / District:				11. St	ate:	12. Pin:		13. Email:	
14. Te	lephone No. (with	STD	15 (a)	Whet	her assessed to t	tax under the Yes No			
0 1 1 100 111 01			Incom	ne-tax act, 1961:					
	(b) If yes, latest assessment year for which assessed							d	
16. Estimated income for which this declaration				17. Estimated total income of the. P.Y. in					
Is made.					which Income mentioned in column 16 to be included.				
18. Details of Form No. 15G other than this form filed during the previous year, if any :									
Total No. of Form 15G filed Aggregate am				ount of income for which Form No. 15G filed					
19. Details of the income for which this declaration is filed.									
SI.	Identification n	Identification number for Na		Na	ture of income	Section under		Amount of income	
No	relevant Investment /				which tax is				
	account,	etc.				deductible.			

Declaration / Verification

declare that the incomes under sections 60 to 64 amount of *income/inco Income-tax, Act 1961. For, will be nil. the aggregate amount of the incomestation of the incomes under the incomes und	referred to in this form are not includib of the Income-tax act, 1961. *I/We further referred to in column 18 computor the previous year ending on 31-03-1/We also declare that *my/our *incomf *income/incomes referred to in column e assessment yearwill not	do here by declare that to the best rect, complete and is truly stated. *I/We le in the total income of any other person rther declare that the tax *on aggregate ed in accordance with the provisions of, relevant to the assessment year ne/incomes referred to in column 16 *and mn 18 for the previous year ending on exceed the maximum amount which is not					
	PART II						
[To be filled by the person responsible for paying the income Referred to in column 16 of of Part I]							
1. Name of the person re	sponsible for paying	2. Unique Identification No.					
3. PAN of the person responsible for paying	4. Complete Address	5. TAN of the person responsible for paying					
6.Email	7. Telephone No. (with STD Code) and Mobile No.	8. Amount of income paid					
9. Date on which Declara (DD/MM/YYYY)	tion is received	10. Date on which the income has been paid / credited. (DD/MM/YYYY)					
Place:							
Date:							

Signature of the person responsible for paying the income referred to in column 16 of part I