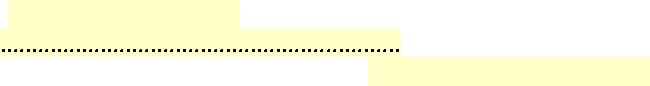
# FORM NO. 10F

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

I ................................ \*son/daughter of Shri in the capacity of

(designation) do provide the following information, relevant to the previous year 2023-24 \*in my case/in the case

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

of for the purposes of sub-section (5) of \*section 90/section 90A: -

|  |  |  |  |
| --- | --- | --- | --- |
| *Sl.No*  *.* | *Nature of information* | : | *Details #* |
| (i) | Status (individual, company, firm etc.) of the assessee | : |  |
| (ii) | Permanent Account Number or Aadhaar Number of the assessee if allotted | : |  |
| (iii) | Nationality (in the case of an individual) or Country or specified territory of incorporation or registration (in the case of others) | : |  |
| (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 | : |  |
| (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 | : |  |
| (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 | : |  |

**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.