## Form for Changes or Correction in TAN data for TAN allotted under Section 203A of the Income Tax Act, 1961

Tax Deduction Account No. (TAN)

# 1 Category of Deductor

Tick the appropriate category:

|   | a)  | Central Government / State Governm  | ent / | Loc   | al A | Auth  | ority | /     |          |      |      |      |    |    |  |   |   |       |  |           | Ľ | _ | ] |  |
|---|-----|---|-------|-------|------|-------|-------|-------|----------|------|------|------|----|----|--|---|---|-------|--|-----------|---|---|---|--|
|   | b)  | Statutory / Autonomous Bodies   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           | Γ |   |   |  |
|   | c)  | Company   |       |       |      |       |       |       |          |      |      |      |    | ]  |  |   |   |       |  |           |   |   |   |  |
|   | d)  | Branch of a Company   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   | e)  | Individual / Hindu Undivided Family (Karta)   |       |       |      |       |       |       |          |      |      |      |    | ]  |  |   |   |       |  |           |   |   |   |  |
|   | f)  | Branch of Individual Business (Sole proprietorship concern)/ Hindu Undivided Family (Karta)                                   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   | g)  | Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person           |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   | h)  | Branch of Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
| 2 | Na  | ame - (Fill only one of the columns 'a' to 'h', whichever is applicable.)   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   | (a) | a) Central / State Government:  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Tick the appropriate category Central Government State Government Local Authority (Central Govt.)                             |       |       |      |       |       |       |          |      | ]    |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   | Loca  | al Au | utho | ority | (Sta  | ate ( | Govt     | .) [ |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Name of Office  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Name of Organisation  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  | $\square$ |   |   |   |  |
|   |     | Name of Department  |       |       |      |       |       |       |          |      | 1    |      |    |    |  |   |   | <br>1 |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Name of Ministry  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | ······  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   | <br>  |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       | I<br>i — |      | <br> |      |    |    |  |   |   | I     |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          | <br> |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Designation of the person   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | responsible for making the payment  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   | (b) | Statutory / Autonomous Bodies :   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Tick the appropriate category   | Statu | utor  | y Bo | ody   |       |       | 4        | Auto | non  | nous | Во | dy |  |   |   |       |  |           |   |   |   |  |
|   |     | Name of Office  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     | Name of Organisation  |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  |   |   |       |  |           |   |   |   |  |
|   |     |   |       |       |      |       |       |       |          |      |      |      |    |    |  | _ | _ |       |  |           |   |   |   |  |

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|             | responsible for making the payment        |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|-------------|---|--------|--------------------------------|------|------|-------|------------|-------|-------|-------|------|-------|------|--------|----------|--------|--------------|-------|---------|----------|-------|------------|-------|----------------------|------|-----------|--|--|
| (c)         | Company: [This column is applicable       | only   | if T                           | AN   | is a | llott | ed t       | o a   | com   | pan   | y as | sav   | vhol | le. If | sep      | ara    | te T         | AN    | is aj   | oplie    | əd fo | or di      | ffere | ənt                  |      |           |  |  |
|             | divisions/branches, please fill details i | n (d)  | 'Bra                           | anci | h/Di | visio | on o       | fa    | Com   | ipan  | y' o | nly]  |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Tick the appropriate category             | Gove   | overnment Company/Corporatio   |      |      |       |            |       | ation |       |      | Go    | /ern | men    | t Co     | omp    | any/         | 'Cor  | pora    | ation    |       |            | Oth   | er                   |      |           |  |  |
|             |   | estat  | stablished under a Central Act |      |      |       |            |       |       |       | est  | ablis | shec | lun    | der      |        |              |       | Company |          |       |            |       |                      |      |           |  |  |
|             | Title (M/s) tick if applicable            |        |                                |      |      |       |            |       |       | -     |      |       |      |        | -        | _      | _            |       |         |          |       |            |       |                      |      |           |  |  |
|             | Name of Company                           |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             |   |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             |   |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Designation of the person responsible     |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | for making the payment                    |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
| (d)         | Branch/Division of a Company:             |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Tick the appropriate category             | Gove   | ərnn                           | nen  | t Co | mpa   | any/       | Cor   | pora  | ation |      | ٦     | Go   | /ern   | men      | t Co   | omp          | any/  | ′Cor    | pora     | ation | <b>،</b> [ | ٦     | Oth                  | er   |           |  |  |
|             |   | estat  | olisł                          | ned  | und  | ler a | ı Ce       | entra | l Ac  | t     |      |       | est  | ablis  | shec     | lun    | der          | a St  | ate     | Act      |       |            | _     | Cor                  | npar | ny        |  |  |
|             | Title (M/s) tick if applicable            |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Name of Company                           |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             |   |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             |   |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Name of Division                          |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             |   |        |                                |      |      |       |            |       | l     |       |      | 1     |      |        |          |        |              |       | l       |          |       |            |       | 1                    |      | $\square$ |  |  |
|             |   |        |                                |      |      |       |            |       | İ     |       |      | 1     | i    | İ      |          |        |              |       | İ       | <u> </u> |       |            |       | $\overline{\Box}$    |      |           |  |  |
|             | Name/Location of Branch                   |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       | $\overline{\square}$ |      |           |  |  |
|             | Designation of the person responsible     |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       | T                    |      |           |  |  |
|             | for making the payment                    |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       | $\overline{\Box}$    |      |           |  |  |
| <b>(</b> 0) | Individual / Hindu Undivided Family       |        | rta)                           | _ [f | or h | ran   | -<br>- h o | f Ind |       | lual  | ,    |       | nloa | co f   | ill de   | staile | , in         | (f) c | nlvi    |          |       |            |       | ·                    |      |           |  |  |
|             | Tick the appropriate category             | Indivi |                                | _    |      |       |            |       |       |       |      |       |      | mily   |          |        | ייי <i>י</i> | (1) 0 |         |          |       |            |       |                      |      |           |  |  |
|             | Title (tick the appropriate entry for ind |        |                                | ~ L  |      | Sh    | ıri 🗌      |       | 7     |       |      | mt. [ |      |        |          | k      | ⊥<br>Kum     | ari   | []      |          |       |            |       |                      |      |           |  |  |
|             | Last Name / Surname                       |        |                                |      |      |       |            |       |       |       |      |       |      |        | <u> </u> |        |              |       |         |          |       |            | [     | <u> </u>             |      |           |  |  |
|             | First Name                                |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       | $\overline{\Gamma}$  |      |           |  |  |
|             | Middle Name                               |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
| (f)         | Branch of Individual Business (Sole       |        | nrie                           | tor  | shir |       | nce        | vrn)/ | Hin   | ndu   | Und  | livio | hed  | Fan    | nilv     | (Ka    | rta)         |       |         |          |       |            |       |                      |      |           |  |  |
|             |   | Bran   |                                |      |      |       |            |       |       |       |      | ]     |      |        |          |        |              |       | ndiv    | idec     | l Fai | mily       |       |                      | ٦    |           |  |  |
|             | Individual/ Hindu Undivided Family (K     |        |                                |      |      |       |            |       |       |       |      | 1     |      |        |          |        |              |       |         |          |       | ,          | -     |                      | 1    |           |  |  |
|             | Title (tick the appropriate entry for ind |        |                                |      |      | Shi   | ri [       |       |       |       | Sr   | nt. [ |      |        |          | ĸ      | ίum          | ari [ |         |          |       |            |       |                      |      |           |  |  |
|             | Last Name / Surname                       |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | First Name                                |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Middle Name                               |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       |                      |      |           |  |  |
|             | Name/Location of branch                   |        |                                |      |      |       |            |       |       |       |      |       |      |        |          |        |              |       |         |          |       |            |       | 1                    |      |           |  |  |

## (g) Firm / Association of Persons / Association of Persons (Trusts) / Body of Individuals / Artificial Juridical Person:

|             | (h) Branch of Firm / Association of   | Perse  | ons / | Ass   | ioci | atio           | n of | Per  | rson                      | ıs (1 | Trus | sts) / | / Bo  | dy ( | of Ir | ıdiv  | idua    | als / | / Ar | tifici | ial J | urio | dica | l Pe | rso | n:        |
|-------------|---|--------|-------|-------|------|----------------|------|------|---------------------------|-------|------|--------|-------|------|-------|-------|---------|-------|------|--------|-------|------|------|------|-----|-----------|
|             | Name of Firm / Association of Per   | sons / | Ass   | ociat | ion  | of P           | erso | ns ( | Tru                       | sts)  | / Bo | ody o  | of In | divi | dual  | s / A | Artifio | cial  | Juri | dica   | l Pe  | rsoi | า:   |      |     |           |
|             |   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             |   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             |   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Name/Location of branch   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
| 3           | Address   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Flat / Door / Block No.   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Name of Premises / Building   | Γ      |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Road / Street / Lane  |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Area / Locality   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Town / City / District  |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | State / Union Territory   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | PIN code  | Γ      |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        |       |      |      |      |     |           |
|             | Tel. No.  | S      | TD C  | ode   |      |                |      |      |                           |       |      | Pho    | ne l  | No.  |       |       |         |       |      |        |       |      |      |      |     | $\square$ |
|             | e-mail IDs a)   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        | ]     |      |      |      |     |           |
|             |   |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        | ]     |      |      |      |     |           |
|             | b)  |        |       |       |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        | ]     |      |      |      |     |           |
|             |   |        |       | Τ     |      |                |      |      |                           |       |      |        |       |      |       |       |         |       |      |        | 1     |      |      |      |     |           |
| 4<br>5<br>6 | Nationality of Deductor (Tick the application of the second se | - (spe | ecify | whei  | reve | r ap,<br>/s) a |      | ed f | <b>to y</b><br>'AN<br>FAN | 3     | that | t ne   | ed t  |      | e su  | rrei  | nder    | red/  | /can |        | ed    |      |      |      |     |           |
| true        | to the best of my/our knowledge an<br>ied today thisday of  | nd be  | lief. |       |      |                |      |      |                           |       |      |        |       |      |       | lecl  | are     | tha   | at w | hat    | is :  | stat | ed   | abo  | ve  | S         |

[for branch of firm / AOP / AOP (Trust) / BOI / Artificial Juridical Person, please fill details in (h) only]

Signed (Applicant)

## Instructions for filling up 'Form for Changes or Correction

## in TAN data for TAN allotted'

- (a) Form to be filled legibly in ENGLISH in BLOCK LETTERS and in BLACK INK only.
- (b) Mention 10 digit TAN correctly on top of the form.
- (c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- (d) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer, under official seal and stamp.
- (e) For changes or correction in TAN data, fill all columns of the form and tick box on left margin of appropriate row where change/correction is required.
- (f) Please submit the proof of TAN, details of which being changed and proof of TAN/s to be surrendered/cancelled. Applicant may submit the TAN allotment letter received from Income Tax Department as a proof of TAN. In case the applicant does not have TAN allotment letter, he can submit a printout of his TAN details using TAN search facility provided at <u>www.incometaxindia.gov.in</u> or <u>www.tin-nsdl.com</u>.
- (g) In case the applicants address changes to a different city and the new address falls under different RCC (Regional Computer Centre of Income Tax Department) then applicant needs to apply for a new TAN in form no. 49B. For RCC vs. City details please visit <u>www.tin-nsdl.com</u>.
- (h) The address of applicant should be an Indian Address only.
- (i) 'Designation of the person responsible for making the payment' field is mandatory to fill up, wherever applicable.

| Item No. | Item Details   | Guidelines for filling the form  |  |  |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1        | Category of Deductor                                     | Deductor shall tick the appropriate category specified from (a) to (h) in the form.  |  |  |  |  |  |  |  |  |  |  |  |
| 2 (a)    | Name – Central / State<br>Government                     | Central Government/ State Government / Local Authority deductors will fill up the name in this field. Name of Office is mandatory. Name of Organisation/Department/Ministry may be filled with relevant details.   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | For example, if <b>Directorate of Income Tax (systems) in Income Tax Department</b> is applying for change/<br>correction in details, it will fill the Name fields as:   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Office : DIRECTORATE OF INCOME TAX (SYSTEMS)   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Organisation : INCOME TAX DEPARTMENT   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Department: DEPARTMENT OF REVENUE  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Ministry: MINISTRY OF FINANCE  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Category of Central Government/State Government / Local Authority Deductor – Deductor will select its appropriate category by ticking against the relevant box for Central Government or State Government or Local Authority (Central Govt) or Local Authority (State Govt.).  |  |  |  |  |  |  |  |  |  |  |  |
| 2 (b)    | Name – Statutory /                                       | Name of Office is Mandatory.   |  |  |  |  |  |  |  |  |  |  |  |
|          | Autonomous Bodies  | Name of Organisation may be filled with relevant details.  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | For example, if <b>Bandra office of Brihanmumbai Municipal Corporation</b> is filing the form, it will fill the Name fields as:  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Office: MUNICIPAL CORPORATION, BANDRA  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Organisation: BRIHANMUMBAI MUNICIPAL CORPORATION   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Category of Statutory/Autonomous Bodies Deductor – Deductor will select its appropriate category by ticking against the relevant box for Statutory/Autonomous body.  |  |  |  |  |  |  |  |  |  |  |  |
| 2 (c)    | Name – Company   | If the deductor is a company (e.g. a bank), this category is applicable. It is mandatory to fill the 'Name of Company'.  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | This category is to be filled by the Company if it has taken a TAN for the company as a whole. In case company has taken different TANs for different divisions/branches, point 2(d) is applicable.  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name should be provided without any abbreviations. Different variations of 'Private Limited' viz. Pvt Ltd,<br>Private Ltd, Pvt Limited, P Ltd, P. Ltd., P. Ltd are <b>not allowed</b> . It should be 'Private Limited' or 'Limited' only.<br>For example,  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Company: ABC PRIVATE LIMITED   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Category of company– Deductor will select its appropriate category by ticking against the relevant box for 'Central Government Company/Corporation established under the Central Act' or 'State Government Company/Corporation established under the State Act' or 'other company'.                                  |  |  |  |  |  |  |  |  |  |  |  |
| 2(d)     | Branch of a company                                      | If Branch/division of a Company has obtained separate TAN, it will mention the Name and Location of the Branch or Name of Division (in whose name TAN is sought) in this field. Branches of company having separate TANs will fill this field.   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | For example, the, <b>Cement Division of of ABC Private Limited located at Andheri</b> will fill as:  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Company: ABC PRIVATE LIMITED   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Division: CEMENT DIVISION  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name/Location of Branch: ANDHERI BRANCH  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | OR,  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | ABC Bank of India - Nariman Point Branch, Mumbai will be written as:   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Company: ABC BANK OF INDIA   |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name of Division:  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Name/Location of Branch: NARIMAN POINT BRANCH, MUMBAI  |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Category of a company – Deductor will select its appropriate category by ticking against the relevant box for 'Central Government Company/Corporation established under the Central Act' or 'State Government Company/Corporation established under the State Act' or 'other company'.                               |  |  |  |  |  |  |  |  |  |  |  |
| 2 (e)    | Name – Individual /<br>Hindu Undivided Family<br>(Karta) | First Name is Mandatory. Name of the deductor should be written in full and not in abbreviated form. As an exception, very large Middle names may be abbreviated. Name should not be prefixed with Shri, Smt., M/s, Kumari, Late, Major, Dr., etc. In case name is prefixed with Title, application may be rejected. |  |  |  |  |  |  |  |  |  |  |  |
|          |  | Individuals/ HUFs (Karta) must state their full expanded name and fill in the appropriate fields for Last,<br>Middle or First Name.  |  |  |  |  |  |  |  |  |  |  |  |

|       |  | For example, Dinesh Kuma   | r Garg will be wr                         | itten as:   |  |  |  |  |  |  |  |  |
|-------|--|--|---|---|--|--|--|--|--|--|--|--|
|       |  | Last Name/Surname  | First Name                                | Middle Name   |  |  |  |  |  |  |  |  |
|       |  | GARG   | DINESH                                    | KUMAR   |  |  |  |  |  |  |  |  |
|       |  | Or, if middle name is not th   | ere, it will be left                      | blank,  |  |  |  |  |  |  |  |  |
|       |  | Last Name/Surname  | First Name                                | Middle Name   |  |  |  |  |  |  |  |  |
|       |  | BANSAL   | GUNJAN                                    |   |  |  |  |  |  |  |  |  |
|       |  | then he/ it shall fill name in                                       | this field.                               | e TAN in his/her name for all businesses run by him/it,   |  |  |  |  |  |  |  |  |
|       |  | Deductor will select its appr<br>relevant box for Individual of      |   | .e. Individual / Hindu Undivided Family) by ticking against the d Family.   |  |  |  |  |  |  |  |  |
|       |  | Individual shall select its ap<br>HUF will leave the mention         |   | by ticking against the relevant box for 'Shri', 'Smt', 'Kumari'.  |  |  |  |  |  |  |  |  |
| 2(f)  | Branch of Individual<br>Business(Sole Proprietorship   | This field will be filled only<br>(Sole Proprietorship Concer-       |   | g submited for branch of Individual Business<br>ed Family   |  |  |  |  |  |  |  |  |
|       | concern)/ Hindu Undivided<br>Family (HUF)  |  | Hence, the name of                        | te TANs for different businesses being run by him/it, this<br>f the concern will be filled in the field for Name/Location of<br>the relevant field.   |  |  |  |  |  |  |  |  |
|       |  | Other Title (Dr., Late, Smt e  | tc.) related rules m                      | entioned in Item No.2(e) will be applicable here also.  |  |  |  |  |  |  |  |  |
|       |  | For example,   |   |   |  |  |  |  |  |  |  |  |
|       |  | Last Name/Surname  | First Name                                | Middle Name   |  |  |  |  |  |  |  |  |
|       |  | ANAND  | JASJIT                                    | SINGH   |  |  |  |  |  |  |  |  |
|       |  | Name/Location of Branch:   |   |   |  |  |  |  |  |  |  |  |
|       |  | Deductor will select its appr<br>relevant box for Individual of      |   | .e. Individual / Hindu Undivided Family) by ticking against the d Family.   |  |  |  |  |  |  |  |  |
| 2(g)  | Firm/Association of persons/<br>Association of persons (Trusts)/<br>Body of Individuals/Artificial<br>Juridical Person | The Name of the Firm/Asso<br>Juridical Person will be writ           | 1   | Association of persons (Trusts)/Body of Individuals/Artificial eld provided.  |  |  |  |  |  |  |  |  |
| 2(h)  | Branch of Firm/Association of<br>persons/Association of persons<br>(Trusts)/Body of Individuals/                       | include the description of the                                       |   | m, this category is applicable. The Name of Firm/AOP etc. will<br>Branch should be entered in the relevant field.   |  |  |  |  |  |  |  |  |
|       | Artificial Juridical Person  | For example,   |   |   |  |  |  |  |  |  |  |  |
|       |  | Name of Firm: Shah & Company<br>Name/Location of Branch: Fort Branch |   |   |  |  |  |  |  |  |  |  |
| 3(a)  | Address for Communication  | Deductor shall mention the deductor to mention at least              | e address of the lo<br>two details out of | <b>Socation where the tax is being deducted</b> . It is compulsory for the four ie (flat/door/block, Name of Premises/Building, Road/Street/<br>state and <b>PIN Code</b> are mandatory. The applicant should not |  |  |  |  |  |  |  |  |
| 3 (b) | Telephone Number   | (1) If Telephone Number is   | mentioned, STD 0                          | Code is mandatory,  |  |  |  |  |  |  |  |  |
|       | and e-mail ID  | (2) In case of mobile number   | er, country code sh                       | ould be mentioned as STD Code.  |  |  |  |  |  |  |  |  |
|       |  | STD Code<br>91' is the country code of                               | Tel. No.                                  |   |  |  |  |  |  |  |  |  |
|       |  | (3) It is <b>mandatory</b> for app<br>contacted in case of any       |   | either their telephone number or an e-mail id so that they can be<br>e application form.  |  |  |  |  |  |  |  |  |
|       |  | Applicants may provide thei through e-mail.                          | r valid e-mail ID f                       | for receiving intimation about the status of their application  |  |  |  |  |  |  |  |  |
| 4     | Nationality of Deductor  | This field is mandatory for a  | ll categories of de                       | ductors.  |  |  |  |  |  |  |  |  |
| 5     | PAN  | Deductor will mention the 1  | 0-digit Permanent                         | Account Number allotted to it, if any, else leave this field blank.   |  |  |  |  |  |  |  |  |
| 6     | Mention other Tax Deduction<br>Account Numbers (TANs)<br>inadvertently allotted to you                                 | the deductor) should be men  | tioned for surrend                        | one filled at the top of the form (the one being used currently by<br>ering and cancellation of the same. Please enclose the proof of<br>N allotment letter from ITD or a screen print of the TAN search          |  |  |  |  |  |  |  |  |

### GENERAL INFORMATION FOR APPLICANTS

(a) Deductor can obtain 'Form for Changes or Correction in TAN data for TAN allotted' in the format prescribed by Income Tax Department from TIN-FCs, any other stationery vendors providing such forms or freely download it from NSDL website <u>www.tin-nsdl.com</u> or from Income Tax Department website <u>www.incometaxindia.gov.in.</u>

(b) The fee for processing of Change Request application to be paid to TIN-FCs is Rs. 50/- (Plus service tax, as applicable).

(c) Deductor will receive an acknowledgment containing a 14 digit unique number from the TIN-FC on submission of the Form. This acknowledgment number can be used by the deductor for tracking the status of its application.

(d) For more information
Visit us at http://www.tin-nsdl.com
Call TIN Support Desk at 022- 24994650
e-mail us at tininfo@nsdl.co.in
Write to : National Securities Depository Limited, A Wing, 3rd Floor, Trade World, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400 013.