Application form for Taxpayer's Identification Number

Instructions:

(1) Use capital letters. Write one letter in each box. Keep an empty box in between two words. Avoid abbreviation as much as possible.

(2) NBR will verify the information furnished below with existing database before.

Passport size photograph of the assessee (in case of Individual)

(To be filled in by the assessee)

1. Name of the assessee:

2. (a) Father's Name (In case of individual) :

(b) Mother's Name (In case of individual):

(c) Date of birth (In case of individual):

Day Month Year

(d) Name of the Husband (Wherever applicable, In case of individual):

3. Name and TIN of the-

(a) Business (in case of sole proprietorship)

(b) Partners (in case of a firm)

(c) Directors (in case of a company)

(Wherever applicable, if needed separate sheet may be attached)

SL	Name	TIN
a		
b		
c		
d		
e		
f		
g		

4. Incorporation No. /Registration No. (Wherever applicable):

5. Incorporation/Registration Date (Wherever applicable):

Day Month Year

6(a). Current address:

District:

Post Code

6 (b). Telephone Number:

Fax Number:

E-mail Address:

6 (c). Permanent address:

District: **Post Code**

6 (d). Other address (Business/Factory/Professional):

District: **Post Code**

7. VAT Registration No. (Wherever applicable):

(a) **(b)**

(c) **(d)**

(e)

8. Information regarding payment of tax:

Challan or pay order number **Date:**

Name of the Bank

Name of the Branch

9. National ID Number (if any)

I hereby affirm that all information given above is correct & complete and I have not taken any* TIN *from any other taxes circle

_____

Signature of the assessee

.....

(To be filled in by the concerned circle)

1. Assessment location :

Zone:

Circle:

2. Status:

☐ **Individual** ☐ **Company** ☐ **Firm**

☐ **Association of persons** ☐ **Hindu undivided family** ☐ **Local Authority**

Deputy Commissioner's Comment:

☐ **Acceptable** ☐ **Not acceptable**

TIN - -

_____

Signature of the Deputy Commissioner of Taxes **SEAL**