Signature of the Declarant						
PART I						
Declaration/Verification						
I/We						
Part II						
[To be filled by the person responsible for paying the income referred to in column 16 of Part I]						
					nique Identification No.	
1. Name of the person responsible for paying				2. omqt	2. omque identineation no.	
	of the person sible for paying	4.Complete Address		5.TAN of the person responsible for paying		
6. Ema	il .	7. Telephone No.(with STD and Mobile No		Code)	8.Amour	nt of income paid
9. Date on which Declaration is received (DD/MM/YYYY)				10. Date on which the income has been paid/credited (DD/MM/YYYY)		
Date :					Signature of the person responsible for paying the income referred to in	

column 16 of Part I