[FORM No. 10-IE

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

Application for exercise/ withdrawal of option under clause (i) of sub-section (5) of section 115BAC of the Income-tax Act, 1961

To,	,				
The Assessing Officer,					
Sir/ Madam,					
I,	, on behalf Number (PA e (i) of sub-se	f of[N)[ection (5) of	name and address of the do hereby		
2. The details for this purpose are given below:					
(i) Name of the individual/ HUF*:(ii) Whether the individual/ HUF* has any ir under the head profit or gains from busin profession		: Yes/ No			
(iii) PAN:					
(iii) Address:					
(iv) Date of Birth/ Incorporation*:dd/mm/yyyy					
(v) Nature of Business/ Profession*:					
3. (i) Whether the individual/ HUF has any Ur (IFSC), as referred to in sub-section (1A) of s			Services Centre		
(ii) If answer to (i) is Yes, provide following details: (Add number of columns depending on number of Units):					
	Unit 1	Unit 2	Unit 3		
(1)	(2)	(3)	(4)		

	Unit 1	Unit 2	Unit 3
(1)	(2)	(3)	(4)
Name of Unit			
Address of Unit			
Nature of activities undertaken in Unit			

4. (i) Whether option under clause (i) of sub-section (5) of section 115BAC has been exercised in : Yes/No Form 10-IE for any earlier previous year/ years and is now being withdrawn (to be activated if withdrawal option is selected)

(ii) If yes, previous year in which option was exercised

: 20....-20.....

(iii) Date on which option exercised in Form 10-IE

: d/mm/yyyy

5. I understand that the option under clause (i) of sub-section (5) of section 115BAC, once exercised in a previous year, cannot be withdrawn for the same previous year and can subsequently be withdrawn only once for any other previous rendering me/ Individual/ HUF* ineligible for exercising option under section 115BAC in terms of proviso to sub-section (5) thereof.

6. I do hereby further affirm that the conditions stipulated in section 115BAC are and shall be satisfied by me/ Individual/ HUF* (to be activated in case where the option is being

exercised).

*Delete whichever is inapplicable.

Note: This form shall be signed by the individual/ Karta of the HUF/ Authorised Representative.]

Address.....