

5. (i) I/We _____ hereby declare that the information given above is true, correct and complete in every respect to the best of my/our knowledge and belief.

(ii) I/We am/are authorized to sign this declaration.

(Name in capital letters and signature of the assessee or authorized signatory)

Place:

Date:

ACKNOWLEDGEMENT

Declaration for the Financial Year _____

Date of receipt

D	D		M	M		Y	Y	Y	Y

Place:

Date:

Name and signature of the officer with seal