## Income-tax Rules, 1962

## FORM NO. 60

[See second proviso to rule 114B]

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

1	First Name	10-	- A							
	Middle Nam	910	wer A	866	2	Sad	ion			
	Surname									
2	Date of Birth/ Incorporation of	of decla	arant	Tr		MM	177	37 3		
3	Father's Name (in case of ind	(in case of individual)								
	First Name		-)							
	Middle Name									
	Surname									
4	Flat/ Room No.	5	Floor No.							
			- 1001110.							
6	Name of premises	7	Block Name/N	Jo.						
	POT, Colony		72	10.						
8	Road/ Street/ Lane	Area/ Locality								
	Kharkang		Eccurity Eccurity		-					
10	Town/ City									
Total State of the	Seemderesed				112	State	1			
13		ımber (	with STD code	1 15	3.7	To Bu	7			
	26009	14 Telephone Number (with STD code) 15 Mobile Number								
16	Amount of transaction (Rs.)								9	
17	Date of transaction									
18	In case of transaction in joint names, number of persons involved in the								Y	
19	Cash,   Cheque,   Card,   Draft/Banker's Cheque									
		me trai	isier. ()th	er		JI J CII	eque.	,		
20	Aadhaar Number issued by UII	OAI (if	available)			_				
						A CONTRACTOR OF THE PARTY OF TH			1	

21	If applied for PAN and it is not yet generated enter D D M M Y Y Y date of application and acknowledgement number						Y						
22	If PAN not applied, fill estima child etc. as per section 64 of I the above transaction is held	omo (includia	inco	ome	of	spo yea	use,	mi wh	noi				
	a Agricultural income (Rs.)					_							
	b Other than agricultural incon	an agricultural income (Rs.)											
23	Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)	tails of document being Document oduced in support of identify Column 1 (Refer Instruction		Document identification number  Name and address of the authority issuing the document									
	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)	Document code	Document identification number	The wild would		ing							

is stated above is true to the best of my knowledge and be not have a Permanent Account Number and my/ our estincome of spouse, minor child etc. as per section 64 of Ir in accordance with the provisions of Income-tax Act, 196 the above transaction is held will be less than market.	imated total income (including acome-tax Act, 1961) computed
the above transaction is held will be less than maximum are Verified today, the day of day of	nount not chargeable to tax.  2025
	mature of declarant)

## Note:

- 1. Before signing the declaration, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable,
- (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
- (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

## DECLARATION

Contract No: - QH8810

Name of Customer: -

MAYFLOWER ASSOCIATION 72, P&T COLONY, KARKHANA, Secunderabad-500009,TELANGANA

Billing Address & Site Address: -

Same as above

I RANGE P IN CAPACITY OF LY MGY DO HEREBY DECLARE AND CONFIRM THAT I HAVE ENTERED INTO A CONTRACT WITH OTIS ELEVATOR COMPANY (INDIA) LIMITED FOR SUPPLY, ERECTION, MAINTENANCE, INSTALLATION AND COMMISSIONING OF ELEVATOR/ESCALATOR.

I/ WE AM/ARE NOT REQURIED TO REGISTER UNDER GST AND AS SUCH I /WE AM/ARE NOT REQUIRED TO HAVE GST REGISTRATION NUMBER.

SHOULD OTIS ELEVATOR COMPANY (INDIA) LIMITED BE REQUIRED TO PRODUCE THIS DECLARATION BEFORE ANY AUTHORITY WHATSOEVER, I/WE ALLOW THEM TO DO SO.

THE FACTS STATED ABOVE ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND IS BINDING ON ME/ US.

PA

[DECLARANT WITH STAMP, NAME & DESIGNATION (if applicable)]

DATE: (8 6 25