

RAJARAM AUTO SALES

NH-24 SITAPUR ROAD NEAR POLICE STATION, OPP ALLAHABAD UP GRAMIN BANK, UCHAULIYA, KHERI, 261505, UP, India

State Code: 9 Contact: 7704099099, 8953999853 , ,

GSTIN No: 09AAQFR0980E2ZV

Authorized Service Center: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	22992-02-REST-0226-275	Date	18-02-2026
Customer Name	THE ORIENTAL INSURANCE COMPANY LTD. 09AACT0627R4ZU ARPIT	Contact No.	9369743173
VIN	MBLHAW210R9H02176	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31CK5593
HMCGL Card No	2299224650000562	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
3	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
4	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
5	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
8	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
9	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
10	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
Parts Total											0.00	6,094.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
Jobs Total											0.00	1,000.64

Parts Total	6,094.00
Labour Total	1,000.64
SGST (Parts) 9%	464.80
CGST (Parts) 9%	464.80
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
Total	7,094.64

Rupees in Words: Seven Thousand Ninety Four and paise Sixty Four Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery

22992 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	9369743123 AR Pit
2	Vehicle No. / वाहन संख्या	UP31CR5593
3	Policy No. / पालिसी संख्या	252400/31/2025/91093
4	Period of Insurance / बीमा अवधि	02.03.25 to 01.03.26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12.02.26 9:30 Pm
6	Place of Accident / दुर्घटना का स्थान	Naya Garw Jaat
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP3120190004144 Amit Kumar
8	Estimated Loss / अनुमानित हानि	7094
09.	Cause of Accident / दुर्घटना का कारण : चालक ने गाड़ी लेकट जे 0 जी 0 जे 0 के बापल आ रक्ष वा लकी नपागाहा गेट के पास आत्रानक क्षानने कर हाँड आ गधा धिनजे धाने की कोशिश में गाडी गिरकट इतिहास हो गई !	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	No
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	No
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9953999055 Rajvaram Auto sales

Date / दिनांक : 10.02.26
हस्ताक्षर

Signature of Insured / बीमाधारक के
अमित



The Oriental Insurance Company Limited

(Incorporated in India, subsidiary of General Insurance Corporation of India)

Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 2520 00/31/2025/91093

Tel. No. _____

Period of Insurance 02.03.25 to 01.03.26

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please answer All relevant questions fully

1. INSURED

- (a) Name : ARBIT
- (b) Address for correspondence : NAYAGANWJAAH NAWALGANWJAAH KHESI
- (c) Telephone : 9369743173

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>H24 909</u> Chassis No. <u>H02176</u>	Registration No. <u>UP31CK</u> <u>5593</u>
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- (a) Was the vehicle in proper working condition? NO
- (b) For what purpose was the vehicle being used at the time of accident?
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached NO
 - 2. Was a pillion rider carried NO

II. ADDITIONAL INFORMATION(COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : _____
- (b) Unladen Weight : _____
- (c) Weight of goods carried/Load Challan No. : _____
- (d) Nature of permit : _____
- (e) Nature of goods carried : _____
- (f) Was the vehicle plying for hire : _____
- (g) If Lorry/Jeep/Tractor, was trailor attached? : _____
- (h) Number of passengers carried : _____
- (i) Number of Passenger permitted : _____

N.A



3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Amit Kumar
(b) Age :
(c) Address : NAYAGAON Jaat Pasgawan Kheri
(d) Is the Driver :
1. Owner : खेरी
2. paid driver? :
3. Owner's relative or friend? :
(e) If paid driver, how long has he been in your employment :
(f) Was he under the influence of intoxication Liquor or drugs? :
(g) Driving Licence Number : UP3120190004144
(h) Issuing Authority : Kheri
(i) Date of Expiry : 09.04.39
(j) Was the licence temporary/permanent :
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(m) Has he been charged by the policy? If so, Why?:

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 12.02.26 9:30 Pm
(b) Place : NAYAGANW JAAAT
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident : नयागांव के पुल सामान्य लम्बे ट्रक
(e) If any third party was responsible for this accident give the name and address : जोड आगा जिससे धमके की कोशिश ने करी
: विक्टर इन्सुरेंस सेक्टर

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : pedal Damage
(b) Estimated cost of repairs : 7094
(c) When and where can the damaged vehicle be inspected : Rajaram Auto Sales

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name :
(b) Address :
(c) Full Details of personal injury sustained :
(d) Name and address of any person/hospital giving medical attention to injured person : M. K
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER OCCUPANT

- (a) Was driver/any occupant injured? : N/A
(b) If yes, give full details : _____

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : _____
(c) Was accident reported to Police? If not, Why? : N/A
(d) If yes, to which Police Station? : _____
(e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : _____
(f) Has theft been reported to Police? : N/A
(g) When? : _____
(h) Which Policy Station? : _____
(i) C.R. diary Number : _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 18.09.2026

Signature of the insured 31/1/21

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. _____

Issuing Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP310K5593 insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature 31/1/17
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

11357

Registration No : UP31CK5593 Registration Date : 04-Mar-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701
 Owner Name : ARPIT Son/wife/daughter of : S/O DINESH KUMAR
 Full Address: (Permanent) : VILLAGE NAYAGANW JAAT, NAWAGAON JAT, KHERI, KHERI, UTTAR PRADESH-261505
 Full Address: (Temporary) : VILLAGE NAYAGANW JAAT, NAWAGAON JAT, KHERI, KHERI-UTTAR PRADESH-261505
 Fitness UpTo : 03-Mar-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1040417702 Rear HSRP No : AA2122430541
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2024
 No of Cylinders : 1 Chassis No : MBLHAW210R9H02176
 Engine No : HA11E7R9H24909 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
 Seating Cap(In all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK SPARKING BLUE Laden/GV Wt (kgs) : 242
 Other Criteria : AC Fitted : NO
 Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of w.e.f.

Purchase dt : 02-Mar-2025 Sale Amt : 81601/-
 OTT Date : 02-Mar-2025 Amount/Rcpt No : 8161 / UP31D25030000608
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 07-Mar-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
 Old State : Entry Date :
 Transfer Date : Conversion Date :

This certificate is valid from 04-Mar-2025 to 03-Mar-2040

Date ; 18-Apr-2025 09:20:55

Signature of Registering Authority

Taxation Particulars / Advance Registration Mark Fee Details

Date : 18-Apr-2025

Handwritten signature and stamp of the Registering Authority.

Q 2812343

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 81214063578, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	02-MAR-25
Policy No	25240031/2025/91093	Proposal No. & Date	R/25240031/2025/68375 & 02-MAR-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 14:17 ON 02/03/2025 TO MIDNIGHT OF 01/03/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 14:17 ON 02/03/2025 TO MIDNIGHT OF 01/03/2030
Insured Name	ARFIT (GSTIN: 0)	Lead/Breakin No	/
Insured Address	C/O DINESH KUMAR, VILL NAYAGANW JAAT, NAWAGAONJAT, LAKHIMPUR KHERI, NA,	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP			Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH E20			Electrical Accessories	0
Registration No	NEW			Non Electrical Accessories	0
Year Of Manufacture	2025			Total IDV	77521
Engine - Chassis No	HA11E7R9H24909 - MBLHAW210R9H02176			TMF CONTRACT NO	
Cubic Capacity	100			Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1			Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					

Schedule Of Premium (Amount In Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	Basic Third Party Liability	3851
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1299.25	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 21A)	0	Net Liability Premium (B)	3851
Anti-Theft Device (IMT-19)	0	Total Premium (A+B)	4046
AAI Membership (IMT-8)	0	GST	728
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1104	Swochh Bharat Cess@0.50%	0
Sub-Total Deductibles	1104	Krishki Kalyan Cess@0.50%	0
Net own Damage Premium(A)	195	Gross Premium Paid	4774

Note:
 1. Policy Issuance is the subject to the realisation of cheque
 2. Consolidated Stamp Duty paid via Challan No
 3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
 4. Voluntary excess Rs(0)
 5. Subject to Endorsements IMT,7,10,24.

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No. :	Bank Name
			Amount
			4774
POS Name	NA	POS ID	NA
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs 1 lac or a claim for refund of premium exceeding Rs 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and O/C endorsements mentioned herein above which are available on company's website: www.orientalinsurance.com in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 02-MAR-25

IMPORTANT NOTICE
 The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle if that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

Limits of Liability: Clause under section II-1 (Of the policy - Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (II) of the policy - Damage to third party property is Rs.7.5 lakhs P.A. Cover under section III for owner-Driver in RB

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as per the. The preceding year/20% preceding two consecutive years/25% preceding three consecutive years/35% preceding four consecutive years/45% preceding five consecutive years/50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy

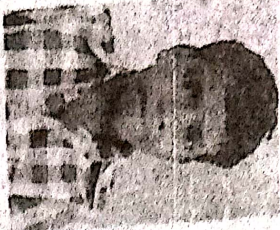
I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre existing damages

	Approved By :	2530925MD		For and on behalf of	The Oriental Insurance Company Limited
	Approved On :	02-MAR-25		General Manager	Authorized Signature
	Place :	MRT			
	Printed On :	02-MAR-25			



भारत सरकार
Government of India



अर्पित
Arpit
जन्म तिथि / DOB : 01/01/2007
पुरुष / Male



5042 9157 9362

मेरा आधार, मेरी पहचान



भारत सरकार
Unique Identification Authority of India

पता: आरमज: दिनेश कुमार,
ग्राम-नयागांव जाट, नवागर्जाजाट,
खीरी, नयागांव जाट, उत्तर प्रदेश,
261505

Address: S/O: Dinesh Kumar,
Village-Nayaganw Jaat, Nawaganjal,
Kheri, Nayaganw Jaat, Uttar Pradesh,
261505



1947



help@uidai.gov.in

5042 9157 9362



www.uidai.gov.in





Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 20190004144



Issue Date 10-04-2019 Validity (NT) 09-04-2039 Validity (TR)* _____



Name: **AMIT KUMAR**
 Date of Birth: **10-04-1992** Blood Group: _____ Organ Donor:
 Son/Daughter/Wife of: **DINESH KUMAR**
 Address:
**VILL-NAYAGAON JAAT PO-NAYAGAON JAAT PS
 PASGAWAN LAHIMPUR KHERI UP 261505**

DL No: **UP31 20190004144**

UPDL000000015112



Invalid Carriage (Regn Numbers)*

Hazardous Validity* _____ Hill Validity* _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Validity*
	MCWG	UP31	10-04-2019	NT			
	LMV	UP31	10-04-2019	NT			
	MVSD						

Emergency Contact Number

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

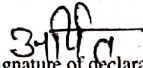
1	First Name	A R P i t										2	Date of Birth/ Incorporation of declarant								
	Middle Name												D	D	M	M	Y	Y	Y	Y	
	Surname												0	1	0	1	2	0	0	7	
3	Father's Name (in case of individual)	First Name	D i n e s h										4	Flat/ Room No.							
	Middle Name	K u m a r										5		Floor No.							
	Surname											6		Name of premises							
8	Road/ Street/ Lane										9	Area/ Locality									
	M a x a g a n w J a a t											M a w a g a n J a a t									
10	Town/ City										11	District				12	State				
										K h e r i				U t t a r P r a d e s h							
13	Pin code				14	Telephone Number (with STD code)				15	Mobile Number										
261505								9369743173													
16	Amount of transaction (Rs.)										18	In case of transaction in joint names, number of persons involved in the transaction									
17	Date of transaction				D	D	M	M	Y	Y		Y	Y								
19 Mode of transaction: <input type="checkbox"/> Cash, <input type="checkbox"/> Cheque, <input type="checkbox"/> Card, <input type="checkbox"/> Draft/Banker's Cheque, <input type="checkbox"/> Online transfer, <input type="checkbox"/> Other																					
20	Aadhaar Number issued by UIDAI (if available)										5042 9157 9362										
21	If applied for PAN and it is not yet generated enter date of application and acknowledgement number										D	D	M	M	Y	Y	Y	Y			
22 If PAN not applied, fill estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) for the financial year in which the above transaction is held																					
a	Agricultural income (Rs.)																				
	b Other than agricultural income (Rs.)																				
23	Details of document being produced in support of identify in Column 1 (Refer Instruction overleaf)				Docu ment code	Document identification number				Name and address of the authority issuing the document											
24	Details of document being produced in support of address in Columns 4 to 13 (Refer Instruction overleaf)				Docu ment code	Document identification number				Name and address of the authority issuing the document											

Verification

I, _____ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my/ our estimated total income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income-tax Act, 1961 for the financial year in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the _____ day of _____ 20____

Place: _____


 (Signature of declarant)

Note:

- 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,-
 - 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;
 - 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.
- The person accepting the declaration shall not accept the declaration where the amount of income of the nature referred to in item 22b exceeds the maximum amount which is not chargeable to tax, unless PAN is applied for and column 21 is duly filled.

