FORM NO. 121

RBL BANK
apno ka bank

PLEASE USE BLOCK LETTERS *MANDATORY For RBL Bank Use only - Service Request No

Tick ☑ boxes as applicable. Please fill entire form in Capital Letters only Date: D D M M Y Y Y Y

BARCODE

Declaration under section 393(6) for receipt of certain incomes without deduction of tax

PART A
[To be Filled by the person for receipt of certain incomes without deduction of tax]

	Details of the declarant		
1.	Name	*(refer Note 1)*	
2.	Address	*(refer Note 2)*	
3.	Permanent Account Number		
4.	Status	*(refer Note 3)*	
5.	Residential status (refer Note 4)		
5(a).	If resident individual, whether age is 60 years or more	*Yes/no*	
6.	Email id		
7.	Contact number	Country Code	Number
8.	Tax Year (for which declaration is made)		
	Details of income		
9.	Nature of income	*(refer Note 5)*	
10.	Estimated income for which declaration is made		
11.	Details of Form No. 121 other than this form filed during the tax year, if any	*Yes/No*	
11(a).	Total number of Form No. 121 filed earlier		
11(b).	Aggregate amount of income for which Form No. 121 were filed		
12.	Aggregate amount of income for which declaration is made during the tax year [sum of column 10 and 11(b)]		
13.	Estimated total income of the tax year including the income mentioned in column 12		
14.	Details of last of the ITR filed for previous two tax years		

	Sl. No.	**Tax Year**	**Acknowledgment Number**	**Return Income**
	1.			
	2.			

DECLARATION

I. _____ having Permanent Account Number _____ do hereby declare that

(i) to the best of my knowledge and belief what is stated above is correct, complete and is truly stated.

(ii) the incomes referred to in this form are not includible in the total income of any other person under sections 96 to 99 of the Act.

(iii) tax on my estimated total income as referred to in column 13 of Part A (including the income referred to in column 12 of Part A) for tax year... will be nil.

(iv) my income as referred to in column 12 of Part A does not exceed the maximum amount not chargeable to tax for tax year..... (not to be applicable in case of resident individual of age of sixty years or more)

(v) in case this declaration is found to be false, I shall be liable to prosecution/penalty under the Act.

Date : D D M M Y Y Y Y

Place : _____

Signature of the Declarant

Name: _____

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PART B

[Verification by the person who has received declaration(s) in Part-A from the declarant(s) and responsible for paying the income in respect of which this declaration is made]

Details of the person responsible for paying income			
1.	Name	*(refer Note 1)*	
2.	Address	*(refer Note 2)*	
3.	Tax Deduction and Collection Account Number		
4.	Permanent Account Number		
5.	Email id		
6.	Contact number	Country code	Mobile Number
7.	Tax Year		
Details of the declarant and the declarations received			
8.	Name of the declarant (refer Note 1)		
9.	Permanent Account Number		
10.	Unique Identification Number		
11.	Date of Birth/Incorporation (dd/mm/yyyy)		
12.	Address (refer Note 2)		
13.	Email id		
14.	Contact number	Country code	Mobile Number
15.	Estimated income for which declaration is made	*(as per column 10 of Part A)*	
16.	Estimated total income of the tax year of the declarant	*(as per column 13 of Part A)*	
17.	Aggregate amount of income for which declaration is made during the tax year	*(as per column 12 of Part A)*	
18.	Date on which declaration is received	*(dd/mm/yyyy)*	

DECLARATION

I _____ having Permanent Account Number _____ hereby certify that the information pertaining to the declarant(s) above has been duly furnished as received in Part-A from the declarant(s) and is accurately reported to the best of my knowledge and belief.

Date : D D M M Y Y Y Y

Place : _____

Signature of the person responsible for paying the income

Name: _____

NOTES:

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/ Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. Fill 'person' status as (i) Individual (ii) Hindu undivided family (iii) Company (iv) Firm (v) Association of persons, whether incorporated or not (vi) Body of individuals, whether incorporated or not (vii) Local Authority (viii) Artificial Juridical Person (ix) Government (x) Trust
4. Fill 'residential status' as (i) Resident (ii) Non-resident (iii) Resident but not ordinarily resident.
5. This application is applicable for following incomes, please fill as applicable:
   (a) payment of accumulated balance due to an employee participating in recognized provident fund
   (b) insurance commission for soliciting or procuring insurance business including business related to continuance, renewal, or revival of the insurance policies.
   (c) rent from a specified person
   (d) income in respect of (i) units of a mutual fund, or (ii) units from the Administrator of the specified undertaking, or (iii) units from the specified company
   (e) interest on securities, interest other than interest on securities by a banking company or a co-operative society carrying on the business of banking or interest by a post office for a deposit made under a scheme notified by the Central Government or by Specified person
   (f) payment in respect of life insurance policy including the sum allocated as bonus on such policy
   (g) dividend (including dividend on preference shares) declared by domestic company
   Refer Section 393(6) for more details.
6. Before signing the verification, the declarant should satisfy himself that the information furnished in the declaration is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 482 of the Act.
7. Some of the information in the form would be pre-filled to the extent possible.
8. Amounts to be filled in ₹ unless otherwise provided.

FOR BRANCH OFFICE USE ONLY

Date of Receipt : D D M M Y Y Y Y Branch Code : _____ Branch Name- _____

*Emp. ID :

*Emp. Name :

*Emp Designation

(Signature of Bank Official)

Checked by : _____

Customer Service: +91 22 6232 7777

Email us at : For Resident/Non Individual Customers: customercare@rbl.bank.in
For Non Resident Customers: nribanking@rbl.bank.in

SMS Banking : Type **HELP** & send to **9223366333** for all SMS Banking Enquiries

MyBank : Scan here to download the latest version of RBL MyBank mobile banking app

Login to Internet Banking: www.rbl.bank.in and enjoy easy access to your account

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