## <sup>1</sup>[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 of mber (PAN) p-section (5) of s	[na	ame and address of the do hereby exercise/	
2. The details for this purpose are given below:				
(i) Name of the individual/ HUF*				
(ii) Whether the individual/ HUF* has any income under the head profit or gains from business or profession		: Yes/ N	: Yes/ No	
(iii) PAN		:	:	
(iii) Address				
(iv) Date of Birth/ Incorporation* :dd/i		:dd/mn	n/yyyy	
(v) Nature of Business/ Profession*		:		
3. (i) Whether the individual/ HUF has any Unit referred to in sub-section (1A) of section 80L/		Financial Service	es Centre (IFSC), as	
(ii) If answer to (i) is Yes, provide following de Units):	tails: (Add numb	per of columns de	pending on number of	
	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 10-IE for any earlier previous year/ years and is now being option is selected)				
(ii) If yes, previous year in which option was exercised			: 2020	
(iii) Date on which option exercised in Form 10-IE			: d/mm/yyyy	
5. I understand that the option under clause (i) of s	sub-section (5) of	of section 115BA	C, once exercised in a	

115BAC in terms of proviso to sub-section (5) thereof.

previous year, cannot be withdrawn for the same previous year and can subsequently be withdrawn only once for any other previous rendering me/ Individual/ HUF\* ineligible for exercising option under section

<sup>1.</sup> Inserted by Income-tax (Twenty second Amendment) Rules, 2020, w.e.f. 1-10-2020.

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.			
Place:			
Date:			
Yours faithfully,			
Signature of Individual/ Karta of HUF / Authorised Representative			
Name			
Designation			
Address			
Note: This form shall be signed by the individual/ Karta of the HUF/ Authorised Representative.]			