

**FORM NO. 40C**

[See rule 77]

**Application for recognition**

1. Name of the Fund for which recognition under Part A of the Fourth Schedule to the Income-tax Act, 1961 is sought: \_\_\_\_\_
2. Permanent Account Number of the Fund: \_\_\_\_\_
3. Date of creation of the fund: \_\_\_\_\_
4. Name of the employer: \_\_\_\_\_
5. Address of the employer: \_\_\_\_\_
6. Business/Profession of the employer: \_\_\_\_\_
7. Principal place of business of the employer: \_\_\_\_\_
8. Total number of employees: \_\_\_\_\_
9. Number of employees employed in India: \_\_\_\_\_
10. Number of employees subscribing to the fund:  
(i) In India - \_\_\_\_\_  
(ii) Outside India - \_\_\_\_\_
11. Place where the accounts of the funds are/will be maintained: \_\_\_\_\_
12. The number of trustees of the fund: \_\_\_\_\_
13. The name and address of the trustees: \_\_\_\_\_
14. (a) Whether it is an irrevocable trust: \_\_\_\_\_  
(b) If not, the reasons thereof: \_\_\_\_\_
15. Please indicate the contribution by the employee as a percentage of his salary: \_\_\_\_\_
16. Please indicate the contribution by the employer as a percentage of employee's salary: \_\_\_\_\_
17. The contribution being made/proposed to be made by the employer: \_\_\_\_\_
18. Whether the establishment is covered under Employees' Provident Fund and Miscellaneous Provisions Act, 1952 (EPF and MP Act):  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, \_\_\_\_\_

(a) whether covered under section 1(3) of EPF and MP Act:

\_\_\_\_\_

(b) whether covered under section 1(4) of EPF and MP Act:

\_\_\_\_\_

19. (a) Whether the establishment is exempt under section 17 of the EPF and MP Act:

Yes  No

(b) If yes, please indicate the exemption number/date and enclose documentary proof:

\_\_\_\_\_

(c) If no, please indicate the date of application and attach proof of receipt from Employees Provident Fund Organization:

\_\_\_\_\_

20. (a) Whether the fund was recognized under the Income-tax Act, 1961 before 31-3-2006:

Yes  No

(b) If yes, please indicate the date of approval and attach a copy of letter of approval:

\_\_\_\_\_

21. If the fund is already in existence, please furnish the following details relevant to the financial year ending prior to the date of application:

\_\_\_\_\_

(a) the total corpus of the fund:

\_\_\_\_\_

(b) investment pattern being followed [give breakup in accordance with the investment pattern prescribed in rule 67(2)]:

\_\_\_\_\_

(c) a copy of the balance-sheet of the fund:

\_\_\_\_\_

22. Whether the establishment has an approved superannuation fund. If yes, please indicate the approval number and date and indicate the authority which has granted the approval:

\_\_\_\_\_

23. Whether the establishment has an approved gratuity fund. If yes, please indicate the approval number and date and indicate the authority which has granted the approval:

\_\_\_\_\_

#### VERIFICATION

I/We: \_\_\_\_\_, the trustees of the above named fund, solemnly declare that the information given in the application is true and correct to the best of my/our information and belief and that the documents sent herewith are the original or true copies thereof.