**FORM NO. 40C**

[*See* rule 77]

**Application for recognition**

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|---|---|---|
| 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: | Yes ☐ No ☐ |
| | (*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, | |

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| | (*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.