

**FORM NO. 15AA**[\[See rule 28AA\]](#)**Certificate under section 197(1) of the Income-tax Act, 1961,  
relating to deduction of tax**

Certificate No

Income-tax Office,

\* To

Date

1. I hereby authorise you to pay without deduction of income-tax, the salary/ interest on securities/interest other than interest on securities/insurance commission /commission (not being insurance commission) or brokerage/rent/income in respect of units (strike out whichever is not applicable) payable by you on the undermentioned securities/sums credited in the name of\_\_\_\_\_.
2. I hereby authorise you to pay the salary/interest on securities/interest other than interest on securities/insurance commission /rent /income in respect of units payable by you on the undermentioned securities/sums credited in the name of\_\_\_\_\_ after deducting income-tax at the rate of\_\_\_\_\_ per cent and surcharge at the rate of\_\_\_\_\_ per cent of the amount of the interest on securities/interest other than interest on securities/insurance commission /rent/income in respect of units.
- 2A. I hereby authorise you to pay the undermentioned sum being in the nature of compensation or the enhanced compensation or the consideration or the enhanced consideration on account of compulsory acquisition of the capital asset without deduction of income-tax/after deducting income-tax at the rate of\_\_\_\_\_ per cent and surcharge at the rate of \_\_\_\_\_ per cent of such sum (strike out whichever is not applicable).
3. This certificate shall remain in force up to\_\_\_\_\_ unless it is cancelled by me under intimation to you before that date.

**SCHEDULE I**

Description of securities	Number of securities	Date of securities	Amount of securities
(1)	(2)	(3)	(4)

**SCHEDULE II**

Sl. No.	Name and address of the person to whom the sums are given on interest	Amount of such sums	The date on which such sums were given on interest	Period for which such sums were given on interest	Rate of interest
(1)	(2)	(3)	(4)	(5)	(6)

**SCHEDULE III**

Sl. No.	Name and address of person responsible for paying insurance commission	Amount ofB insurance commission
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(1)	(2)	(3)

#### SCHEDULE IV

Sl. No.	Name and address of person responsible for paying salary	Period of employment	Amount of salary
(1)	(2)	(3)	(4)

#### SCHEDULE V

Sl. No.	Name and address of persons responsible for paying rent	Amount of rent
(1)	(2)	(3)

#### SCHEDULE VI

Sl. No.	Name and address of the mutual fund	Number of units	Class of units and face value of each unit	Total face value of units	Distinctive Nos. of units
(1)	(2)	(3)	(4)	(5)	(6)

#### SCHEDULE VII

Sl. No.	Name and address of the person responsible for paying compensation or the enhanced compensation or the consideration or the enhanced consideration on account of compulsory acquisition of the capital asset	Amount of compensation or the enhanced compensation or the consideration or the enhanced consideration
(1)	(2)	(3)

#### SCHEDULE VIII

Sl. No.	Name and address of the person responsible for paying commission (not being insurance commission referred to in section 194D of brokerage)	Amount of commission (not being insurance commission referred to in section 194D) or brokerage
(1)	(2)	(3)

4. The certificate shall cease to be operative in respect of any of the securities/sums mentioned herein which are transferred/debited by the present holder to any other person, from the date you receive notice of such transfer/debit.

(SEAL)

Assessing Officer

**Note :** \*Name and address of the person responsible for deducting tax.