

FORM NO. 180

[See rule 286]

Application for grant of approval to a fund referred to in Schedule VII [Table: Sl. No. 2]

Part A: Particulars of the Applicant (Trust/Fund)				
1.	Name:	<i>(refer Note 1)</i>		
2.	Address:	<i>(refer Note 2)</i>		
3.	Permanent Account Number (PAN):			
4.	E-mail Id:			
5.	Contact Number:	Country Code	Number	
		<i>(drop down)</i>		
Part B: Other Information				
6.	Name of the employer organisation (in which the members of the fund are employed)			
7.	PAN of the employer organisation			
8.	Objects of the fund:		<i>(refer Note 3)</i>	
9.	Names and addresses of trustees/office bearers of the fund:			
	Sl. No.	Name of trustee(s)	Address	
			PAN	
	1.			
	2.	<i>(Repeat, if required)</i>		
10.	Classes and number of employees admitted to the fund:			
	(i)	in India:		
		Sl. No.	Classes	Number
		1.		
		2.	<i>(Repeat, if required)</i>	
	(ii)	outside India:		
		Sl. No.	Classes	Number
1.				
2.		<i>(Repeat, if required)</i>		
11.	Whether contribution to the fund is made by employees by periodical subscription:		Yes/No	
12.	Total amount of accretion during the tax year:			
	Amount contributed by the employees		Income accrued during the tax year	
13.	Whether the trust proposes to apply or accumulate funds for application wholly and exclusively for the purposes mentioned in Sl. No. 8:		Yes/No	
14.	Details of investments/ deposits in one or more of the modes specified under section 350:			

Sl. No.	Name of instrument/ security/ scheme, etc.	Value	Income received thereon
15.	Details of investments/ deposits in any mode other than specified under section 350:		
Sl. No.	Name of instrument/ security/ scheme, etc.	Value	Income received thereon
16.	Other details to be provided as separate enclosure:		<i>(attach as per Note 4)</i>

Verification

I, _____, in the capacity of the trustee/principal officer, having PAN _____, do hereby declare that the information furnished above is correct and complete to the best of my knowledge and belief, and I am competent to file and verify this form on behalf of the trust/fund mentioned at Part A (Sl. No. 1).

I undertake to communicate forthwith any alteration in the terms of the trust deed of the fund, or in the rules governing the fund made at any time hereafter.

Place:

Signature:

Date:

Name:

Designation:

Notes:

- The name shall include the full name of the trust/fund.
- The address shall be the address of the office of the trust/ fund where the accounts are kept which shall include flat/door/building, road/street/block/sector, area/locality, post office, town/city/district, state, country/region and pin code/zip code.
- For Part B (Sl. No. 8), select any of the following: —

(a)	Cash benefits to a member on superannuation
(b)	Cash benefits to a member in the event of illness of self, spouse or dependent children
(c)	Cash benefits to a member to meet the cost of education of dependent children
(d)	Cash benefits to a member to meet the cost of annual medical tests or medical check-ups of self, spouse and dependent children
(e)	Cash benefits to the dependents of a member in the event of death of such member
(f)	Any other, specify

4. With respect to Part B (Sl. No. 16), following details shall be provided as annexures, namely: —

Annexure	Particulars
A-1	A copy of the instrument of trust evidencing the formation of the fund
A-2	Notes on activities of the fund for the period since its inception or during the last three years, whichever is less
A-3	Copies of accounts of the fund for the period since its inception or during the last three years, whichever is less

5. Some of the information in the form would be pre-filled to the extent possible.
6. The amount mentioned in this form is to be filled in rupees unless stated otherwise.