Code : SBNPPHFD/DEP/AR/B0010
IIFL Capital Services Limited

To Furnish before

**FORM NO. 121**

Declaration under section 393(6) for receipt of certain incomes without deduction of tax

**PART A**

[To be Filled by the person for receipt of certain incomes without deduction of tax]

**Details of the Declarant**

| | | |
|---|---|---|
| 1. Name : | | |
| 2. Address : | 3. Permanent Account Number : | 4. Status : |
| 5. Residential status : | 5a. If resident individual, whether age is 60 years or more : ☐ Yes ☐ No | |
| 6. Email Id : | 7. Contact Number: Country Code : Number : | |
| 8. Tax Year (for which declaration is made) | | |

**Details of income**

| | |
|---|---|
| 9. Nature of income : **Interest on Deposit** | 10. Estimated income for which declaration is made |
| 11. Details of Form No. 121 other than this form filed during the tax year, if any ☐ Yes ☐ No | |
| 11a. Total number of Form No. 121 filed earlier | 11b. Aggregate amount of income for which Form No. 121 were filed |
| 12. Aggregate amount of income for which declaration is made during the tax year [sum of column 10 and 11(b)] | |
| 13. Estimated total income of the tax year including the income mentioned in column 12 | |
| 14. Details of last of the ITR filed for previous two tax years | |

| Sl. No. | Tax Year | Acknowledgement Number | Return Income |
|---|---|---|---|
| 1. | | | |
| 2. | | | |

**DECLARATION**

I .....having Permanent Account Number ..... do hereby declare that

(i) to the best of my knowledge and belief what is stated above is correct, complete and is truly stated. (ii) the incomes referred to in this form are not includible in the total income of any other person under sections 96 to 99 of the Act. (iii) tax on my estimated total income as referred to in column 13 of Part A (including the income referred to in column 12 of Part A) for tax year ..... will be nil. (iv) my income as referred to in column 12 of Part A does not exceed the maximum amount not chargeable to tax for tax year..... (not to be applicable in case of resident individual of age of sixty years or more). (v)in case this declaration is found to be false, I shall be liable to prosecution/penalty under the Act.

Place :
Date :

X **Signature of the Declarant**
Name :

**PART B**

**[Verification by the person who has received declaration(s) in Part-A from the declarant(s) and responsible for paying the income in respect of which this declaration is made]**

**Details of the person responsible for paying income**

| | |
|---|---|
| 1. Name : **Sundaram Home Finance Limited** | 2. Address : **Regd. Office : 21, Patullos Road, Chennai 600002** |
| 3. Tax Deduction and Collection Account Number : **CHES05884E** | 4. Permanent Account Number : **AADCS4826J** |
| 5. Email Id : **depositorcare@sundaramhome.in** | |
| 6. Contact Number: Country Code : 91 Number : **1800 572 1840** | |
| 7. Tax Year | |

**Details of the declarant and the declarations received**

| | |
|---|---|
| 8. Name of the declarant : | 9. Permanent Account Number : |
| 10. Unique Identification Number : | 11. Date of Birth/Incorporation (dd/mm/yyyy) : |
| 12. Address | 13. Email Id : |
| 14. Contact Number: Country Code : 91 Number : | |
| 15. Estimated income for which declaration is made : **(as per column 10 of Part A)** | |
| 16. Estimated total income of the tax year of the declarant : **(as per column 13 of Part A)** | |
| 17. Aggregate amount of income for which declaration is made during the tax year **(as per column 12 of Part A)** | |
| 18. Date on which declaration is received (dd/mm/yyyy) : | |

**DECLARATION**

I. .....having Permanent Account Number ..... hereby certify that the information pertaining to the declarant(s) above has been duly furnished as received in Part-A from the declarant(s) and is accurately reported to the best of my knowledge and belief.

For **SUNDARAM HOME FINANCE LIMITED**

Place :

Date :

Authorised Signatory

.....

Signature of the person responsible for paying the income

SUNDARAM HOME
— Sundaram Finance Group —

**SUNDARAM HOME FINANCE LIMITED**
**Registered Office:** 21, Patullos Road, Chennai 600 002
Toll Free Number: 1800 572 1840 E-mail: depositorcare@sundaramhome.in
CIN: U65922TN1999PLC042759 Website: www.sundaramhome.in

## URGENT
## DECLARATION FOR NON DEDUCTION OF TAX AT SOURCE

Dear Depositor,

As per the provisions of the Section 393(6) of the Income Tax Act 2025, the Form 121 can be submitted only by such of those persons other than a company or firm

a) Whose total income is below the maximum amount which is not chargeable to income tax act under new tax regime in case of all individuals (both men and women), HUF or AOP or BOI (Resident only).

(OR)

b) The tax on whose estimated total income for the financial year ending 31/03/2027 will be NIL.

**Fresh Form 121 has to be submitted again when any additional deposit is made or when an existing deposit is renewed, even though the depositors might have already furnished the forms for the current financial year.**

The Form 121 appearing on the reverse of this letter is a self-declaratory form. In case the depositor has affixed his / her thumb impression, the Form121 should be attested by a Bank Official or by a Gazetted Officer.

In case you are liable to pay income-tax, please ignore this Form, in which case, we shall deduct income-tax at the appropriate rate and send you the Tax Deduction Certificate/s to enable you to claim credit for the same when you file your Return of Income. We would, however, request you, in such a case, to inform us of your Permanent Account Number to enable us to mention the same in the Tax Deduction Certificate/s, as it is mandatory. If operative PAN is not furnished then tax will be deducted at a higher rate of 20%.

Assuring you of our best services and attention always

Yours truly,
For **SUNDARAM HOME FINANCE LIMITED**
**P S Sridhar**
**Chief Financial Officer**

This is a computer generated letter and hence does not require signature

**Notes (For filling Form 121) :**

1. In case of individual, the first, middle and last name shall be provided in full without any abbreviations. In any other case also, name shall be provided in full.
2. The address shall contain i. Country/Region, ii. Flat/Door/Building, iii. Road/Street/Block/Sector, iv. PIN/ZIP Code, v. Post Office, vi. Area/locality, vii. District, viii. State.
3. Fill 'person' status as (i) Individual (ii) Hindu undivided family (iii) Company (iv) Firm (v) Association of persons, whether incorporated or not (vi) Body of individuals, whether incorporated or not (vii) Local Authority (viii) Artificial Juridical Person (ix) Government (x) Trust
4. Fill 'residential status' as (i) Resident (ii) Non-resident (iii) Resident but not ordinarily resident.
5. This application is applicable for following incomes, please fill as applicable :
   (a) payment of accumulated balance due to an employee participating in recognized provident fund
   (b) insurance commission for soliciting or procuring insurance business including business related to continuance, renewal, or revival of the insurance policies.
   (c) rent from a specified person
   (d) income in respect of (i) units of a mutual fund, or (ii) units from the Administrator of the specified undertaking, or (iii) units from the specified company
   (e) interest on securities, interest other than interest on securities by a banking company or a co-operative society carrying on the business of banking or interest by a post office for a deposit made under a scheme notified by the Central Government or by Specified person
   (f) payment in respect of life insurance policy including the sum allocated as bonus on such policy
   (g) dividend (including dividend on preference shares) declared by domestic company Refer Section 393(6) for more details.
6. Before signing the verification, the declarant should satisfy himself that the information furnished in the declaration is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 482 of the Act.
7. Some of the information in the form would be pre-filled to the extent possible.
8. Amounts to be filled in ₹ unless otherwise provided.