

2nd Applicant

DEPARTMENT OF INLAND REVENUE
Declaration in terms of section 133 of the Inland Revenue Act.

To : The Manager
 Fixed Deposit
 Arpico Finance Company PLC
 No. 146, Havelock Road,
 Colombo 5,
 Sri Lanka.

Please Note that

- This form should be duly filled and hand over to the Bank/Financial institution by the Depositor. In the event of failure to do so, the Bank/Financial institution will deduct 8% tax on the interest.
- This declaration is valid only for one year of assessment. Therefore, such a declaration should be made for each and every year of assessment.

Fixed Deposit Certificate Numbers	
01.	04.
02.	05.
03.	06.

Year of Assessment : 20...../20.....

Declaration (by Individuals)

I.....(Full Name) of
(Address)

hereby declare that:

1. The Assessable Income (total income excluding exempt income) for the above Year of Assessment is

(I) Less than Rs. 500,000/-*	0%	<input type="checkbox"/>
(II) More than Rs. 500,000/-, but less than Rs. 1,500,000/-*	2.5%	<input type="checkbox"/>
(III) More than Rs. 1,500,000/-*	8%	<input type="checkbox"/>

2. I am a Senior citizen. Accordingly the exemption is applicable on total interest from deposits made in the state Banks up to Rs. 500,000/-*

*Enter "✓" mark in the relevant cage

3. Tax File No (If Any) :.....

4. National Identity Card No. :.....

I Further, declare that the above declaration made by me is true and correct.

Date:.....

.....
 Signature of the declarant

* All joint deposit holders must furnish this form separately.