FORM No. 61A

[See rule 114E]

Statement of Specified Financial Transactions under section 285BA(1) of the Income-tax Act, 1961

PART A: STATEMENTDETAILS

(This information should be provided for each Statement submitted together)

A.1	REPORTING ENTITY D	ET	TAILS
A.1.1	Reporting Entity Name		
A.1.2	Income-tax Department		
	Reporting Entity Identification Number		
A.1.3	Registration Number		
A.2	STATEMENT DETAILS		
A.2.1	Statement Type		Insert 2 character code
A.2.2	Statement Number		
A.2.3	Original Statement Id		
A.2.4	Reason for Correction		Insert 1 character code
A.2.5	Statement Date		
A.2.6	Reporting Period		
A.2.7	Report Types		Insert 2 character codes
A.2.8	Number of Reports		
A.3	PRINCIPAL OFFICER I	ET	ETAILS
A.3.1	Name		
A.3.2	Designation		
A.3.3	Address		
A.3.4	City / Town		
A.3.5	Postal Code		
A.3.6	State Code		Insert 2 character code
A.3.7	Country Code		Insert 2 character code
A.3.8	Telephone		
A.3.9	Mobile		
A.3.10	Fax		
A.3.11	Email		

PART B: REPORT DETAILS FOR AGGREGATED FINANCIAL TRANSACTIONS

B.1	REPORT NUMBER (To be provided for	r ea	ch po	erson being reported)
B.1.1	Report Serial Number			
B.1.2	Original Report Serial Number			
B.2	PERSON DETAILS			
B.2.1	Person Name			
B.2.2	Person Type			Insert 2 character code
B.2.3	Customer Identity			
B.2.4	Gender (for individuals)		Inse	rt 1 character code
B.2.5	Father's Name (for individuals)		•	
B.2.6	PAN			
B.2.7	Aadhaar Number (for individuals)			
B.2.8	Form 60 Acknowledgment			
B.2.9	Identification Type		Inse	rt 1 character code
B.2.10	Identification Number		•	
B.2.11	Date of birth/Incorporation			
B.2.12	Nationality/Country of Incorporation			Insert 2 character code
B.2.13	Business or occupation			
B.2.14	Address			
B.2.15	Address Type		Inse	rt 1 character code
B.2.16	City/Town			
B.2.17	Postal Code			
B.2.18	State Code			Insert 2 character code
B.2.19	Country Code			Insert 2 character code
B.2.20	Mobile/Telephone Number			
B.2.21	Other Contact Number			
B.2.22	Email			
B.2.23	Remarks			
B.3	FINANCIAL TRANSACTION SUMM	AR	Y	
B.3.1	Product Type			Insert 2 character code
B.3.2	Aggregate gross amount received from the person			

B.3.3	Aggregate gross amount received from the person in cash	
B.3.4	Aggregate gross amount paid to the person	
B.3.5	Remarks	
B.4	FINANCIAL PRODUCT DETAILS (Tproduct)	To be provided for each distinctive
B.4.1	Product Identifier	
B.4.2	Last Date of Transaction	
B.4.3	Aggregate gross amount received from the person	
B.4.4	Aggregate gross amount received from the person in cash	
B.4.5	Aggregate gross amount paid to the person	
B.4.6	Related Account Number	
B.4.7	Related Institution Name	
B.4.8	Related Institution Ref Number	
B.4.9	Remarks	

PART C: REPORT DETAILS FOR BANK/POST OFFICE ACCOUNT

(This information should be provided for each Account being reported)

C.1	REPORT NUMBER (To be provided for each account being reported)							
C.1.1	Report Serial Number							
C.1.2	Original Report Serial Number							
C.2	ACCOUNT DETAILS							
C.2.1	Account Type			Insert 2 character code				
C.2.2	Account Number							
C.2.3	Account Holder Name							
C.2.4	Account Status		Inse	ert 1 character code				
C.2.5	Branch Reference Number							
C.2.6	Branch Name							
C.2.7	Branch Address							
C.2.8	City Town							
C.2.9	Postal Code							
C.2.10	State Code			Insert 2 character code				

C.2.11	Country Code			Ins	ert	2 cł	nara	acte	r co	de			
C.2.12	Telephone			I									
C.2.13	Mobile												
C.2.14	Fax												
C.2.15	Email												
C.2.16	Remarks												
C.3	ACCOUNT SUMMARY												
C.3.1	Aggregate gross amount credited to the account in cash												
C.3.2	Aggregate gross amount debited to the account in cash												
C.3.3	Remarks												
C.4	PERSON DETAILS (To be preaccount)	ovid	ed f	or	ea	ch	pe	rsoi	ı re	elate	ed	to	the
C.4.1	Account Relationship		Inse	rt 1	ch	arac	ter	coc	le				
C.4.2	Person Name												
C.4.3	Person Type			Ins	ert	2 cł	nara	acte	r co	de			
C.4.4	Customer Identity												
C.4.5	Gender (for individuals)		Inse	rt 1	ch	arac	eter	coc	le				
C.4.6	Father's Name (for individuals)												
C.4.7	PAN												
C.4.8	Aadhaar Number (for individuals)												
C.4.9	Form 60 Acknowledgment												
C.4.10	Identification Type		Inse	rt 1	ch	arac	ter	coc	le				
C.4.11	Identification Number												
C.4.12	Date of birth/Incorporation												
C.4.13	Nationality/Country of Incorporation			Ins	ert	2 cł	nara	acte	r co	de			
C.4.14	Business or occupation			ı									
C.4.15	Address												
C.4.16	Address Type		Inse	rt 1	ch	arac	ter	coc	le				
C.4.17	City / Town												
C.4.18	Postal Code												

C.4.19	State Code		Insert 2 character code
C.4.20	Country Code		Insert 2 character code
C.4.21	Mobile/Telephone Number		
C.4.22	Other Contact Number		
C.4.23	Email		
C.4.24	Remarks		

PART D: REPORT DETAILS FOR IMMOVABLE PROPERTY TRANSACTIONS

(This information should be provided for each Transaction being reported)

D.1	REPORT NUMBER (To be provided)	led f	for each transaction being reported)
D.1.1	Report Serial Number		
D.1.2	Original Report Serial Number		
D.2	TRANSACTION DETAILS		
D.2.1	Transaction Date		
D.2.2	Transaction Identity		
D.2.3	Transaction Type		Insert 1 character code
D.2.4	Transaction Amount		
D.2.5	Property Type		Insert 1 character code
D.2.6	Whether property is within		Insert 1 character code
	municipal limits		
D.2.7	Property Address		
D.2.8	City / Town		
D.2.9	Postal Code		
D.2.10	State Code		Insert 2 character code
D.2.11	Country Code		Insert 2 character code
D.2.12	Stamp Value		
D.2.13	Remarks		
D.3	` -	ovid	ed for each person related to the
	transaction)		
D.3.1	Transaction Relation		Insert 2 character code
D.3.2	Transaction Amount related to the person		
D.3.3	Person Name		
D.3.4	Person Type		Insert 2 character code

D.3.5	Gender (for individuals)		Inse	rt 1	chara	acter	cod	e			
D.3.6	Father's Name (for individuals)										
D.3.7	PAN										
D.3.8	Aadhaar Number (for individuals)					•					
D.3.9	Form 60 Acknowledgment										
D.3.10	Identification Type		Inse	rt 1	chara	acter	cod	e			
D.3.11	Identification Number										
D.3.12	Date of birth/Incorporation										
D.3.13	Nationality/Country of Incorporation	Insert 2 character code									
D.3.14	Address			ı							
D.3.15	City / Town										
D.3.16	Postal Code										
D.3.17	State Code			Inse	ert 2	char	acter	cod	e		
D.3.18	Country Code			Inse	ert 2	char	acter	cod	e		
D.3.19	Mobile/Telephone Number										
D.3.20	Other Contact Number										
D.3.21	Email										
D.3.22	Remarks.										

Instructions to Form 61A

The requirement field for each data element indicates whether the element is validation or optional in the schema.

Validation	"Validation" elements MUST be present for ALL data records in a file and an automated validation check will be undertaken. The Sender should do a technical check of the data file content using XML tools to make sure all "Validation" elements are present and if they are not, the sender should correct the file. The Income-tax Department will also do so and if incorrect, will reject the file.
(Optional) Mandatory	(Optional) Mandatory data element is not required for schema validation but IS required for reporting depending on availability of information or other factors. These elements may be present in most (but not all) circumstances, so the validation will be based rule based.

Optional	An optional el	element specified	in form.	May be	reported	if
	available.					

Specific Instructions

S. No.	Element	Description	Requirement
A.1.1	Reporting Entity Name	Complete name of the reporting entity.	Validation
A.1.2	ITDREIN (Incometax Department Reporting Entity Identification Number)	ITDREIN is the Unique ID issued by ITD which will be communicated by ITD after the registration of the reporting entity with ITD. The ITDREIN is a 16-character identification number in the format XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Validation
A.1.3	Registration Number	This number is the registration number or any number used in correspondence with the regulator of the financial institution. This number will be used during verification of the registration of the reporting entity and in correspondence with the regulators.	(Optional) Mandatory
A.2.1	Statement Type	Type of Statement submitted. Permissible values are:	Validation
		NB – New Statement containing new information	
		CB – Correction Statement containing corrections for previously submitted information	
		TD - Test Data	
		ND - No Data to report	
		One Statement can contain only one type of Statement. Even if missing information has to be supplied, the complete report has to be submitted instead of an incremental report.	
A.2.2	Statement Number	Statement Number is a free text field capturing the sender's unique identifying number (created by the sender) that identifies	Validation

		the particular Statement being sent. The identifier allows both the sender and receiver to identify the specific Statement later if questions or corrections arise. After successful submission of the Statement to ITD, a new unique Statement ID will be allotted for future reference. The reporting entities should maintain the linkage between the Statement Number and Statement ID. Example of the statement number is 2015/01.	
A.2.3	Original Statement Id	Statement ID of the original Statement which is being replaced deleted or referred by reports in the current Statement. In case the Statement is new and unrelated to any previous Statement, mention '0' here.	Validation
A.2.4	Reason of Correction	Reason for revision to be stated when the original Statement is corrected. Permissible values are: A - Acknowledgement of original Statement	Validation
		had many errors which are being resolved	
		B - Errors in original Statement are being corrected suo-motu	
		C - The correction report is on account of additional information being submitted	
		N - Not applicable as this is a new statement/test data/ there is no data to report	
		Z - Other reason	
A.2.5	Statement Date	This identifies the date and time when the Statement was compiled. This element will be automatically populated by the host system. The format for use is YYYY-MM-DD hh:mm:ss. Fractions of seconds is not used. Example: 2016-03-15T09:45:30.	Validation
A.2.6	Reporting Period	This identifies the last day of the reporting period in YYYY-MM-DD format. For example, if reporting information for the accounts or payments made in calendar year 2015, the field would read, "2015-12-31"	Validation
A.2.7	Report Type	Types of reports contained in the Statement. Permissible value are:	Validation
		AF- Aggregated Financial Transactions BA – Bank/Post Office Account	

		IM - Immovable Property Transactions CB - Cross Border Transactions	
A.2.8	Number of Reports	Number of Reports in the Statement.	Validation
A.3.1	Designated Director Name	Name of the Designated Director. Refer to the registration requirement under section 285BA of the Income-tax Act and Rule 114E(7) of the Income-tax Rule	Validation
A.3.2	Designated Director Designation	Designation of the Designated Director in the organisation of statement filer.	Validation
A.3.3	Address	Complete address of the nodal officer consisting of house number, building name, street, locality, city, state, Postal Code and country.	Validation
A.3.4	City Town	Name of City, Town or Village	Validation
A.3.5	Postal Code	In case of India, the 6 digit Pin code as per India Posts has to be mentioned. In case of countries outside India, respective code may be used. If Pin code is not available, use XXXXXXX.	Validation
A.3.6	State Code	The two digit state code has to be mentioned as per Indian Motor Vehicle Act 1988. If state code is not available, use XX.	Validation
A.3.7	Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If Country Code is not available, use XX	Validation
A.3.8	Telephone	Telephone number in format STD Code- Telephone number. (Example 0120-2894016)	Validation
A.3.9	Mobile	Contact Mobile number. Please do not add "0" before the number	Validation
A.3.10	Fax	Fax number in format STD Code-Telephone number. (Example 0120-2894016)	Optional
A.3.11	Email	E-mail of the nodal officer	Validation
Part B	Details of Aggregated Financial Transactions	This part is to be reported for financial transactions in Time deposits, Credit cards, Mutual funds, Bonds/debenture, Share issue/buyback, Sale of foreign currency.	
B.1.1	Report Serial Number	The number uniquely represents a report within a Statement. The Report Serial Number should be unique within the Statement. This number along with Statement ID will uniquely identify any report received	Validation

		by ITD.	
B.1.2	Original Report Serial Number	The Report Serial Number of the original report that has to be replaced or deleted. This number along with Original Statement ID will uniquely identify the report which is being corrected. In case there is no correction of any report, mention '0' here.	Validation
B.2.1	Person Name	Name of the individual or entity.	Validation
B.2.2	Person Type	The permissible values are:	Validation
		IN - Individual	
		SP- Sole Proprietorship	
		PF- Partnership Firm	
		HF - HUF	
		CR - Private Limited Company	
		CB - Public Limited Company	
		SO - Society	
		AO - Association of persons/Body of individuals	
		TR - Trust	
		LI - Liquidator	
		LL - LLP	
		ZZ - Others	
		XX – Not Categorised	
B.2.3	Customer ID	Customer ID/Number allotted by the reporting entity (if available)	(Optional) Mandatory
B.2.4	Gender (for	Permissible values are:	Validation
	individuals)	M - Male	
		F - Female	
		O – Others	
		N – Not Applicable (for entities)	
		X – Not Categorised	
B.2.5	Father's Name (for individuals)	Name of the father (if available). Mandatory if valid PAN is not reported.	(Optional) Mandatory
B.2.6	PAN	Permanent Account Number issued by Income Tax Department	(Optional) Mandatory
B.2.7	Aadhaar Number (for individuals)	Aadhaar number issued by UIDAI (if available).	(Optional) Mandatory
B.2.8	Form 60	Form 60 Acknowledgment number, if	(Optional)

	Acknowledgment	applicable	Mandatory
B.2.9	Identification Type	Document submitted as proof of identity of the individual. Permissible values are: A - Passport B - Election Id Card C - PAN Card D - ID Card issued by Government/PSU E - Driving License G - UIDAI Letter / Aadhaar Card H - NREGA job card	(Optional) Mandatory
		Z – Others Mandatory if valid PAN is not reported.	
B.2.10	Identification Number	Number mentioned in the identification document Mandatory if valid PAN is not reported.	(Optional) Mandatory
B.2.11	Date of birth/Incorporation	Individual: Actual Date of Birth; Company: Date of incorporation; Association of Persons: Date of formation/creation; Trusts: Date of creation of Trust Deed; Partnership Firms: Date of Partnership Deed; LLPs: Date of incorporation/Registration; HUFs: Date of creation of HUF and for ancestral HUF date can be 01-01-0001 where the date of creation is not available. The data format is DD/MM/YYYY Mandatory if valid PAN is not reported.	(Optional) Mandatory
B.2.12	Nationality/Country of Incorporation	2 character Country Code (ISO 3166)	(Optional) Mandatory
B.2.13	Business or occupation	Business or occupation (if available)	Optional
B.2.14	Address	Complete address of the person consisting of house number, building name, street, locality, city, state, Postal Code and country.	Validation
B.2.15	Address Type	Indicates the legal character of the address. Permissible values are: 1- Residential Or Business 2 - Residential 3 - Business 4 - Registered Office 5 - Unspecified	Optional

B.2.16	City / Town	Name of City, Town or Village	(Optional) Mandatory
B.2.17	Postal Code	In case of India, the 6 digit Pin code as per India Posts has to be mentioned. In case of countries outside India, respective code may be used. If Pin code is not available, use XXXXXX.	Validation
B.2.18	State Code	The two digit state code has to be mentioned as per Indian Motor Vehicle Act 1988. If state code is not available, use XX.	Validation
B.2.19	Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If Country Code is not available, use XX	Validation
B.2.20	Mobile/Telephone Number	Primary Telephone (STD Code-Telephone number) or mobile number (if available)	(Optional) Mandatory
B.2.21	Other Contact Number	Other Telephone (STD Code-Telephone number) or mobile number	Optional
B.2.22	Email	Email Address (if available)	(Optional) Mandatory
B.2.23	Remarks	Remarks or any other information	Optional
B.3.1	Product Type	Type of product linked with the transaction. Permissible values are:	(Optional) Mandatory
		BD - Bonds or Debentures	
		CC- Credit Card	
		FC - Foreign Currency sale	
		MF- Mutual Fund	
		SI – Shares issued	
		SB- Shares bought back	
		TD- Time Deposit XX - Unspecified	
B.3.2	Aggregate gross amount received from the person	Aggregate gross amount received from the person (including in cash, if any) during the period	(Optional) Mandatory
B.3.3	Aggregate gross amount received from the person in cash	Aggregate gross amount received from the person in cash during the period	(Optional) Mandatory
B.3.4	Aggregate gross amount paid to the person	Aggregate gross amount paid to the person during the period	(Optional) Mandatory
B.3.5	Related Account	Account number (if available) from/to which	Optional

	Number	funds was transferred.	
B.3.6	Related Institution Name	Name of the institution (if available) from / to which funds were transferred.	Optional
B.3.7	Related Institution Ref Number	Institution reference number of the institution (if available) from / to which funds were transferred.	Optional
B.3.8	Remarks	Remarks or any other information	Optional
B.4.1	Product Identifier	Unique identifier to identify the product. E.g. Time deposit number, credit card number etc.	(Optional) Mandatory
B.4.2	Last Date of Transaction	Last Date of Transaction for the product	
B.4.3	Aggregate gross amount received from the person	Aggregate gross amount paid by the person during the period	(Optional) Mandatory
B.4.4	Aggregate gross amount received from the person in cash	Aggregate gross amount paid by the person in cash during the period	(Optional) Mandatory
B.4.5	Aggregate gross amount paid to the person	Aggregate gross amount paid to the person during the period	(Optional) Mandatory
B.4.6	Related Account Number	Account number (if available) from/to which funds was transferred.	Optional
B.4.7	Related Institution Name	Name of the institution (if available) from / to which funds were transferred.	Optional
B.4.8	Related Institution Ref Number	Institution reference number of the institution (if available) from / to which funds were transferred.	Optional
B.4.9 Re	emarks	Remarks or any other information	Optional
Part C	Details of Bank/Post Office Account	This part is to be reported for bank account or post office account in which cash deposit or withdrawal above the prescribed threshold is made.	
C.1.1	Report Serial Number	The number uniquely represents a report within a Statement. The Report Serial Number should be unique within the Statement. This number along with Statement ID will uniquely identify any report received by ITD.	Validation
C.1.2	Original Report Serial Number	The Report Serial Number of the original report that has to be replaced or deleted. This	Validation

		number along with Original Statement ID will uniquely identify the report which is being corrected. In case there is no correction of any report, mention '0' here.	
C.2.1	Account Type	Type of account. Permissible values are:	Validation
		BS - Savings Account	
		BC - Current Account	
		XX - Not Categorised	
C.2.2	Account Number	Provide the account number used by the financial institution to identify the account. If the financial institution does not have an account number then provide the functional equivalent unique identifier used by the financial institution to identify the account.	Validation
C.2.3	Account Holder Name	Name of first/sole account holder.	Validation
C.2.4	Account Status	Status of the account. Permissible values are: A – Active: Account is in regular use	Validation
		C - Closed: Account is closed during the financial year	
		Z - Others: Not listed above	
		X - Not categorized: The information is not available.	
C.2.5	Branch Reference Number	The unique number (IFSC code etc.) to uniquely identify the branch. Reporting Financial Institution can use self-generated numbers to uniquely identify the branch.	Validation
C.2.6	Branch Name	Name of Branch linked to the account. This could be the home or linked branch.	Validation
C.2.7	Branch Address	Complete address of the branch consisting of house number, building name, street, locality, city, state, Postal Code and country.	Validation
C.2.8	City / Town	Name of City, Town or Village	(Optional) Mandatory
C.2.9	Postal Code	In case of India, the 6 digit Pin code as per India Posts has to be mentioned. In case of countries outside India, respective code may be used. If Pin code is not available, use XXXXXX.	Validation
C.2.1 0	State Code	The two digit state code has to be mentioned as per Indian Motor Vehicle Act 1988. If state	Validation

		code is not available, use XX.	
C.2.1 1	Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If Country Code is not available, use XX	Validation
C.2.1 2	Telephone	Telephone number in format STD Code- Telephone number. (Example 0120-2894016)	Validation
C.2.1 3	Mobile	Contact Mobile number. Please do not add "0" before the number	Validation
C.2.1 4	Fax	Fax number in format STD Code-Telephone number. (Example 0120-2894016)	Optional
C.2.1 5	Email	E-mail of the Branch head	Validation
C.2.1 6	Remarks	Remarks or any other information	Optional
C.3.1	Aggregate gross amount credited to the account in cash	Aggregate gross amount credited to the account in cash during the period.	Validation
C.3.2	Aggregate gross amount debited to the account in cash	Aggregate gross amount debited to the account in cash during the period.	Validation
C.3.3	Remarks	Remarks or any other information	Optional
C.4.1	Account Relationship	Permissible values for Relationship type are: F - First/Sole Account Holder	Validation
		S - Second Account Holder	
		T - Third Account Holder	
		A - Authorised Signatory	
		C - Controlling Person	
		Z - Others	
		X - Not Categorised	
C.4.2	Person Name	Name of the individual or entity.	Validation
		The permissible values are:	
		IN - Individual	
		SP- Sole Proprietorship	
		PF- Partnership Firm	
		HF - HUF	
		CR - Private Limited Company	
C.4.3	Person Type	CB - Public Limited Company	Validation
		SO - Society AO - Association of persons/Body of individuals	
		TR - Trust	

		LI - Liquidator	
		LL - LLP	
		ZZ - Others	
		XX – Not Categorised	
C.4.4	Customer ID	Customer ID/Number allotted by the reporting entity (if available)	(Optional) Mandatory
C.4.5	Gender (for	Permissible values are:	Validation
	individuals)	M - Male	
		F - Female	
		O – Others	
		N – Not Applicable (for entities)	
		X – Not Categorised	
C.4.6	Father's Name (for individuals)	Name of the father (if available). Mandatory if valid PAN is not reported.	(Optional) Mandatory
C.4.7	PAN	Permanent Account Number issued by	(Optional)
		Income Tax Department	Mandatory
C.4.8	Aadhaar Number (for individuals)	Aadhaar number issued by UIDAI (if available).	(Optional) Mandatory
C.4.9	Form 60 Acknowledgment	Form 60 Acknowledgment number, if applicable	(Optional) Mandatory
C.4.1 0	Identification Type	Document submitted as proof of identity of the individual. Permissible values are:	(Optional) Mandatory
		A - Passport	
		B - Election Id Card	
		C - PAN Card	
		D - ID Card issued by Government/PSU	
		E - Driving License	
		G - UIDAI Letter / Aadhaar Card	
		H - NREGA job card	
		Z – Others Mandatory if valid PAN is not reported.	
C.4.1 1	Identification	Number mentioned in the identification	(Optional)
	Number	document Mandatory if valid PAN is not reported.	Mandatory
C.4.1 2	Date of birth/Incorporation	Individual: Actual Date of Birth; Company: Date of incorporation; Association of Persons: Date of formation/creation; Trusts: Date of creation of Trust Deed; Partnership Firms: Date of Partnership Deed; LLPs: Date	(Optional) Mandatory

		of incorporation/Registration; HUFs: Date of creation of HUF and for ancestral HUF date can be 01-01-0001 where the date of creation is not available. The data format is DD/MM/YYYY Mandatory if valid PAN is not reported.	
C.4.1 3	Nationality/Country of Incorporation	2 character Country Code (ISO 3166)	(Optional) Mandatory
C.4.1 4	Business or occupation	Business or occupation (if available)	Optional
C.4.1 5	Address	Complete address of the person consisting of house number, building name, street, locality, city, state, Postal Code and country.	Validation
C.4.1 6	Address Type	Indicates the legal character of the address. Permissible values are:	Optional
		1- Residential Or Business	
		2 - Residential	
		3 - Business	
		4 – Registered Office	
		5 – Unspecified	
C.4.1 7	City / Town	Name of City, Town or Village	(Optional) Mandatory
C.4.1 8	Postal Code	In case of India, the 6 digit Pin code as per India Posts has to be mentioned. In case of countries outside India, respective code may be used. If Pin code is not available, use XXXXXXX.	Validation
C.4.1 9	State Code	The two digit state code has to be mentioned as per Indian Motor Vehicle Act 1988. If state code is not available, use XX.	Validation
C.4.2.0	Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If Country Code is not available, use XX	Optional
C.4.2 1	Mobile/Telephone Number	Primary Telephone (STD Code-Telephone number) or mobile number (if available)	(Optional) Mandatory
C.4.2 2	Other Contact Number	Other Telephone (STD Code-Telephone number) or mobile number	Optional
C.4.2 3	Email	Email Address (if available)	(Optional) Mandatory
C.4.2 4	Remarks	Remarks or any other information	Optional
L			

Part D	Details for Immovable Property	This part is to be reported for Immovable property transactions	
D.1.1	Report Serial Number	The number uniquely represents a report within a Statement. The Report Serial Number should be unique within the Statement. This number along with Statement ID will uniquely identify any report received by ITD.	Validation
D.1.2	Original Report Serial Number	The Report Serial Number of the original report that has to be replaced or deleted. This number along with Original Statement ID will uniquely identify the report which is being corrected. In case there is no correction of any report, mention '0' here.	Validation
D.2.1	Transaction Date	Date of transaction. The data format is DD/MM/YYYY	Validation
D.2.2	Transaction ID	Unique ID to identify transaction, if available	(Optional) Mandatory
D.2.3	Transaction Type	Permissible values are:	Validation
		SP – Sale	
		GF - Gift	
		AG - Agreement to Sell	
		PR - Partition	
		ST - Settlement	
		RL - Relinquishment	
		ER - Extinguishment of any right in the asset	
		CA - Compulsory acquisition	
		TP - Transfer as per the section 53A of the Transfer of Property Act, 1882(4 of 1882).	
		SH - Transfer by acquisition of shares	
		ZZ - Others XX - Not Categorized.	
D.2.4	Transaction Amount	Amount of transaction as per registered deed. The amount should be rounded off to nearest rupee without decimal. If this amount is not in Indian Rupees, then convert to Indian Rupees.	Validation
D.2.5	Property Type	The asset underlying the transaction. Permissible values are:	Validation
		A - Agricultural land	
		N - Non-agricultural land	
		C - Commercial property	

		R - Residential property	
		I - Industrial	
		Z - Others	
		X - Not Categorized.	
D.2.6	Whether property is	Permissible values are:	Validation
	within municipal limits	Y - Yes	
	lillits	N - No	
		X - Not Categorized.	
D.2.7	Property Address	Address of Property	(Optional) Mandatory
D.2.8	City / Town	Name of City, Town or Village	(Optional) Mandatory
D.2.9	Postal Code	In case of India, the 6 digit Pin code as per India Posts has to be mentioned. In case of countries outside India, respective code may be used. If Pin code is not available, use XXXXXX.	Validation
D.2.10	State Code	The two digit state code has to be mentioned as per Indian Motor Vehicle Act 1988. If state code is not available, use XX.	Validation
D.2.11	Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If Country Code is not available, use XX	Validation
D.2.1 2	Stamp Value	The value for stamp valuation is to be provided.	Validation
D.2.1 3	Remarks	Remarks or any other information	Optional
D.3.1	Transaction Relation	Relation of the person to the transaction. Permissible values are:	Validation
		S - Seller/Transferor	
		B - Buyer/Transferee	
		C - Confirming Party	
		P - Power of Attorney holder	
		Z - Others	
		X - Not Categorized	
		S - Seller/Transferor Amount of transaction related to the person.	
D.3.2		The amount should be rounded off to nearest rupee without decimal. If this amount is not in Indian Rupees, then convert to Indian Rupees.	(Optional) Mandatory

D.3.3	Person Name	Name of the individual or entity.	Validation
D.3.4	Person Type	The permissible values are:	Validation
		IN - Individual	
		SP- Sole Proprietorship	
		PF- Partnership Firm	
		HF - HUF	
		CR - Private Limited Company	
		CB - Public Limited Company	
		SO - Society	
		AO - Association of persons/Body of individuals	
		TR - Trust	
		LI - Liquidator	
		LL - LLP	
		ZZ - Others	
		XX – Not Categorised	
D.3.5	Gender (for	Permissible values are:	Validation
	individuals)	M - Male	
		F - Female	
		O – Others	
		N – Not Applicable (for entities)	
		X – Not Categorised	
D.3.6	Father's Name (for individuals)	Name of the father (if available). Mandatory if valid PAN is not reported.	(Optional) Mandatory
D.3.7	PAN	Permanent Account Number issued by Income Tax Department	(Optional) Mandatory
D.3.8	Aadhaar Number (for individuals)	Aadhaar number issued by UIDAI (if available).	(Optional) Mandatory
D.3.9	Form 60 Acknowledgment	Form 60 Acknowledgment number, if applicable	(Optional) Mandatory
D.3.10	Identification Type	Document submitted as proof of identity of the individual. Permissible values are:	(Optional) Mandatory
		A - Passport	
		B - Election Id Card	
		C - PAN Card	
		D - ID Card issued by Government/PSU	
		E - Driving License	

		G - UIDAI Letter / Aadhaar Card H - NREGA job card Z - Others Mandatory if valid PAN is not reported.	
D.3.11	Identification Number	Number mentioned in the identification document Mandatory if valid PAN is not reported.	(Optional) Mandatory
D.3.12	Date of birth/Incorporation	Individual: Actual Date of Birth; Company: Date of incorporation; Association of Persons: Date of formation/creation; Trusts: Date of creation of Trust Deed; Partnership Firms: Date of Partnership Deed; LLPs: Date of incorporation/Registration; HUFs: Date of creation of HUF and for ancestral HUF date can be 01-01-0001 where the date of creation is not available. The data format is DD/MM/YYYY Mandatory if valid PAN is not reported.	(Optional) Mandatory
D.3.13	Nationality/Country of Incorporation	2 character Country Code (ISO 3166)	(Optional) Mandatory
D.3.14	Address	Complete address of the person consisting of house number, building name, street, locality, city, state, Postal Code and country.	Validation
D.3.15	City / Town	Name of City, Town or Village	(Optional) Mandatory
D.3.16	Postal Code	In case of India, the 6 digit Pin code as per India Posts has to be mentioned. In case of countries outside India, respective code may be used. If Pin code is not available, use XXXXXXX.	Validation
D.3.17	State Code	The two digit state code has to be mentioned as per Indian Motor Vehicle Act 1988. If state code is not available, use XX.	Validation
D.3.18	Country Code	The Country Code as per ISO 3166 has to be mentioned. Use IN for India. If Country Code is not available, use XX	Optional
D.3.19	Mobile/Telephone Number	Primary Telephone (STD Code-Telephone number) or mobile number (if available)	(Optional) Mandatory
D.3.20	Other Contact Number	Other Telephone (STD Code-Telephone number) or mobile number	Optional
D.3.21	Email	Email Address (if available)	(Optional) Mandatory

5.5.22 Remarks of any other mornation	D.3.22 Rema	rks Remarks or any other information	on Optional
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