



Shriram Transport Finance Company Limited

Corporate Identity No. (CIN) L65191TN1979PLC007874

Regd. Office: 3rd Floor, Mookambika Complex, No. 4, Lady Desika Road, Mylapore, Chennai - 600 004, Tamil Nadu. Ph.: +91-44-24990356.

Admn Office: 101-105, Shiv Chambers, 1st Floor, 'B' Wing Sector-11, CBD Belapur, Navi Mumbai - 400 614, Maharashtra.

Toll free No. 18001034959, E-mail Id: customersupport@stfc.in, www.stfc.in



Application for Deposit

CRISIL rating indicates high degree of safety
ICRA rating indicates high credit quality



INTEREST RATES-ON FRESH DEPOSITS / RENEWALS (w.e.f. 1st Nov 2019)

NORMAL SCHEME							
Period (months)	Non cumulative Deposits				Cumulative Deposit		maturity value for Rs.5000/-
	Monthly % p.a	Quarterly % p.a	Half yearly % p.a	Yearly %p.a	Rate % (p.a on Monthly rests)	Effective yield % p.a.	
12	7.72	7.77	7.85	8.00	7.72	8.00	5,400
24	7.95	8.00	8.08	8.25	7.95	8.59	5,859
36	8.42	8.48	8.57	8.75	8.42	9.54	6,431
48	8.51	8.57	8.66	8.85	8.51	10.10	7,020
60	8.65	8.71	8.81	9.00	8.65	10.77	7,693

Additional interest of 0.25% p.a. will be paid for Senior citizen (Completed age 60 years on the date of deposit/renewal)
Additional interest of 0.25% p.a. will be paid on all Renewals, where the deposit is matured on or after 1st November, 2018.

Additional interest of 0.15% p.a. will be paid to employees of Shriram Group Companies and their relatives.

Deposits will be accepted in multiples of Rs.1,000/- subject to a minimum amount of Rs.5,000/-

Cumulative deposits can be renewed for maturity value.

INTEREST RATES ARE SUBJECT TO CHANGE AND THE RATE APPLICABLE WILL BE THE RATE PREVALENT ON THE DATE OF DEPOSIT / RENEWAL.


Shriram Transport Finance Company Limited

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Mylapore, Chennai - 600 004, Tamil Nadu. Ph.: +91-44-24990356, www.stfc.in
Admn Office: 101-105, Shiv Chambers, 1st Floor, 'B' wing, Sector - 11,
CBD Belapur, Navi Mumbai - 400 614, Maharashtra. Ph.: +91-22-40957575.

Business Associate Name : _____

Business Associate Code : _____

Affiliate Business Associate : _____

Branch : _____

Application form for Deposit

We neither accept nor permit intermediary or employee to accept cash.

Please fill the information in BLOCK letters and tick in appropriate places, only with black or blue ink

I/We wish to apply for Fresh/Renewal of Deposit

Type of Deposit Fresh Renewal Both

Payment Details Cheque RTGS/NEFT If RTGS/NEFT, UTR No. _____

Cheque/DD No. _____ Dated ____/____/____ Favours Shriram Transport Finance Company Limited

Drawn on _____ Amount _____ (Rupees _____)

If Renewal, Old Cert No. _____ Maturity Date ____/____/____ Maturity Amount Rs. _____

Renewal Amount Rs. _____ Balance to be refunded / paid Rs. _____

Total Investment Amount _____ (Rupees _____)

Deposit Repayment to be made to

Sole/First Applicant Anyone or Survivor/s Former or Survivor/s

Type of Receipt

Physical Receipt E-Receipt

Auto Renewal Auto refund

(Default option Auto Renewal, if no option selected)

Renewal for: Principal Amount Principal with Interest Amount

(Default option Principal with Interest Amount, if no option selected)

Tenure (Months)

12

24

36

48

60

Scheme

Cumulative

Monthly interest payout

Quarterly interest payout

Half-Yearly interest payout

Yearly interest payout

Investor details as appear in KYC documents

First Applicant Details: Customer ID : _____ DOB ____/____/____ GENDER M F Others Marital Status Married Unmarried

Mr. / Ms. / Minor _____

Father's / Husband's Name _____

Mother's Name _____

Correspondence Address : _____

City _____ State _____ Pin Code _____

Permanent Address: Same as Above

City _____ State _____ Pin Code _____

Email ID: _____ Mobile No. _____

Income Tax Permanent Account Number (PAN) _____

CKYC Number (If any) _____

Tax to be deducted: - Yes No Form 15G / Form 15H furnished: Yes No

Shriram Group Employee Yes No Organization Name _____ Employee Code _____

Category of First Applicant Status of the First Applicant *Minor: Senior Citizen:

Member of Public Resident Individual Yes No

Shareholder HUF No

Director Firms

Promoter Corporate

Relative of Director Trust

Age proof to be submitted if 1st Applicant is Minor/Senior Citizen

* Guardian Name is mandatory if any of the applicant is Minor.

* In the case of deposit in the name of Minor only the FATHER or MOTHER of the Minor should sign this form.

Occupation: Service Private Sector Public Sector Government Sector
 Professional Self Employed Retired Housewife Student Business
 Other (Kindly Specify) _____

Please tick (✓) if following is additionally applicable to you: Politically Exposed Person (PEP) Relative of PEP

Self attested KYC Documents (Id Proof and Address Proof)

Aadhar No. _____ Passport No. _____ Passport Expiry Date: _____

Voter ID No. _____ Driving License No. _____ Driving License Expiry Date: _____

Others (Refer Clause 4 of Terms and Conditions) Kindly Specify _____

Details of Bank Account (Sole/First Named Depositor)

Bank Account No. _____ Bank Name _____

MICR Code _____ Bank Branch _____

IFSC Code _____

(Cancelled cheque leaf to be provided for proof of Account details) Account: Saving Current

Natural Guardian Details : DOB _____ GENDER
 Mr./Ms. _____ / / _____ M F Others
 Address: _____
 _____ City _____ State _____ Pin Code _____
 Email ID: _____ Mobile No. _____

Income Tax Permanent Account Number (PAN) _____
 CKYC Number (If any) _____

Category of Guardian
 Member of Public Shareholder Director Relative of Director Promoter
 Please tick (✓) if following is additionally applicable to you: Politically Exposed Person (PEP) Relative of PEP

Self attested KYC Documents (Id Proof and Address Proof)
 Aadhar No : _____ Passport No : _____ Passport Expiry Date : _____
 Voter ID No : _____ Driving License No : _____ Driving License Expiry Date : _____
 Others (Refer Clause 4 of Terms and Conditions) Kindly Specify _____

Second Applicant Details: Customer ID : _____ DOB _____ GENDER _____ MARITAL STATUS
 Mr. / Ms. / Minor _____ / / _____ M F Others Married Unmarried
 Father's/Husband's Name _____
 Mother's Name _____
 Natural Guardian's Name _____
 Address: _____
 _____ City _____ State _____ Pin Code _____
 Email ID: _____ Mobile No. _____

Income Tax Permanent Account Number (PAN) _____
 CKYC Number (If any) _____

Category of Second Applicant **Status of the Second Applicant** ***Minor:** **Senior Citizen:**
 Member of Public Resident Individual Yes No Yes No
 Shareholder HUF No No
 Director Firms
 Promoter Corporate
 Relative of Director Trust
Age proof to be submitted if 2nd Applicant is Minor/Senior Citizen
 * Guardian Name is mandatory if any of the applicant is Minor.
 * In the case of deposit in the name of Minor only the FATHER or MOTHER of the Minor should sign this form.
Occupation: Service Private Sector Public Sector Government Sector
 Professional Self Employed Retired Housewife Student Business
 Other (Kindly Specify) _____
 Please tick (✓) if following is additionally applicable to you: Politically Exposed Person (PEP) Relative of PEP

Self attested KYC Documents (Id Proof and Address Proof)
 Aadhar No : _____ Passport No : _____ Passport Expiry Date : _____
 Voter ID No : _____ Driving License No : _____ Driving License Expiry Date : _____
 Others (Refer Clause 4 of Terms and Conditions) Kindly Specify _____

Third Applicant Details: Customer ID : _____ DOB _____ GENDER _____ Marital Status
 Mr. / Ms. / Minor _____ / / _____ M F Others Married Unmarried
 Father's/Husband's Name _____
 Mother's Name _____
 Natural Guardian's Name _____
 Address: _____
 _____ City _____ State _____ Pin Code _____
 Email ID: _____ Mobile No. _____

Income Tax Permanent Account Number (PAN) _____
 CKYC Number (If any) _____

Category of Third Applicant **Status of the Third Applicant** ***Minor:** **Senior Citizen:**
 Member of Public Resident Individual Yes No Yes No
 Shareholder HUF No No
 Director Firms
 Promoter Corporate
 Relative of Director Trust
Age proof to be submitted if 3rd Applicant is Minor/Senior Citizen
 * Guardian Name is mandatory if any of the applicant is Minor.
 * In the case of deposit in the name of Minor only the FATHER or MOTHER of the Minor should sign this form.
Occupation: Service Private Sector Public Sector Government Sector
 Professional Self Employed Retired Housewife Student Business
 Other (Kindly Specify) _____
 Please tick (✓) if following is additionally applicable to you: Politically Exposed Person (PEP) Relative of PEP

Self attested KYC Documents (Id Proof and Address Proof)
 Aadhar No : _____ Passport No : _____ Passport Expiry Date : _____
 Voter ID No : _____ Driving License No : _____ Driving License Expiry Date : _____
 Others (Refer Clause 4 of Terms and Conditions) Kindly Specify _____

Declaration: I/we have read the Terms and conditions of the company and accept that they are binding on me/us. I/We hereby declare that the first named depositor mentioned in my/our application is the beneficial owner of this deposit and as such he/she should be treated as the payee for the purpose of tax deduction under Section 194A of the Income Tax Act, 1961. I/We hereby agree to abide by the attached terms and conditions governing the deposit.

I/We have gone through the financials and other statements/representations/particulars furnished /made by the company and after careful Consideration, I/We/am/are making the deposit with the company at my/our own risk and volition.

I/We further declare that, I/we am/are authorized to make this deposit in the above mentioned scheme Shriram Unnati Fixed Deposits and that the amount kept in the deposit is through legitimate source and does not involve directly or indirectly any proceeds of schedule of offence and/or is not designed for the purpose of any contravention or evasion of the provisions of the Prevention of Money Laundering Act, 2002 and any Rules, Notifications, Guidelines or Directions there under, as amended from time to time. I/We shall provide any further information and fully co-operate in investigation as and when required by the Company in accordance to the applicable Law. I/We further affirm that the detail provided by me/us is/are true in all respect and nothing has been concealed. I/We authorize Shriram Transport Finance Company Ltd to contact me/us, in person, by post, telephone, e-mail, using short messaging service (SMS), WhatsApp, Bots relating to my/our deposits.

First Applicant	Second Applicant	Third Applicant
<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> Affix a latest Photograph with signature (DO NOT STAPLE) </div>	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> Affix a latest Photograph with signature (DO NOT STAPLE) </div>	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> Affix a latest Photograph with signature (DO NOT STAPLE) </div>

Signature of the Depositor's (Individuals)	(Non- Individual/Companies etc., Please mention Name & Designation)		
First Applicant / Guardian	Name	Designation	Seal & Signature
Second Applicant / Guardian			
Third Applicant / Guardian			

1. In case of deposits in joint names, all the depositors must sign on the space provided above.
2. Thumb impression must be attested by the magistrate or notary public.

Nomination Details (Form DA1)

Nomination under section 45QB of the Reserve Bank of India Act, 1934 (read with Section 45ZA of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules, 1985) in respect of deposits with non-banking financial Companies. I/We,
.....(Name and address), nominate the following person to whom in the event of my / our / minor's death the amount of the deposit, particulars whereof are given below, may be returned by Shriram Transport Finance Company Ltd, Regd. Office: 3rd Floor, Mookambika Complex, No. 4 Lady Desika Road, Mylapore, Chennai - 600 004, Tamil Nadu.

Nominee Name Mr./Ms./Minor _____
 Address of Nominee _____
 _____ City _____ State _____ PIN _____

Relationship with First Depositor	Age of Nominee	Date of Birth of Nominee (If Minor)*

* As the Nominee is Minor on this date, I/We appoint (Name, Address & Age)
to receive the amount of Deposit on behalf of the Nominee in the event of my/our/minor's death during the minority of the nominee.

Declaration: I/We have read and understood the nomination rules prescribed by Reserve Bank of India and the Procedures/ terms and conditions laid down by the Company governing the nomination facility and accept that they are binding on me/us.

Signature of the Depositors For Nomination	Name and Address of Witness for Nomination	
	1) _____	2) _____
First Applicant / Guardian _____	_____	_____
Second Applicant / Guardian _____	_____	_____
Third Applicant / Guardian _____	Signature of Witness _____	Signature of Witness _____

- Investors are strongly advised to have their accounts in Joint names or use nomination facility.
- Interest rates are subject to change and the rate applicable will be the rate prevalent on the date of Deposit / Renewal.

For office use only

TR number	Cert number	Cert date	Checked By	Authenticated by	Authentication date

PROVISIONAL RECEIPT

We neither accept nor permit intermediary or employee to accept cash

Received with thanks from Mr/Ms./Minor cheque/DD/FD (in case of renewal) No..... ₹ For Dated drawn on bank.....
branch as fixed deposit under Cumulative / Non-Cumulative Scheme for a period of month (s). Senior citizen Minor

Following Documents received : (Self-attested)
Passport / PAN Card with Address proof / Driving License / Voter's Identity Card issued by Election Commission of India / Job card issued by NREGA duly signed by an officer of the State Government / The letter issued by Unique Identification Authority of India containing details of Name, Address & Aadhar number / Utility Bill (Electricity/Telephone/Postpaid mobile phone/Piped Gas/Water Bill) not more than 2 months old/Bank Account or Post Office saving bank account statement / Cancelled cheque / Form 15G / Form 15H / Others (kindly specify).
Age proof in case of minor and senior citizen.

Date : (Valid Subject to realisation of cheque/receipt of funds in company's account) (For Shriram Transport Finance Company Limited)

FORM NO. 15G

[See section 197A (1), 197A (1A) and rule 29C]

Declaration under section 197A (1) and section 197A (1A) to be made by an individual or a person (not being a company or firm) claiming certain incomes without deduction of tax.

PART I

1. Name of the Assessee (Declarant)		2. PAN of the Assessee ¹	
3. Status ²		4. Previous year (P.Y.) ³ (for which declaration is being made)	5. Residential Status ⁴
6. Flat/Door/Block No.	7. Name of Premises	8. Road/Street/Lane	9. Area/Locality
10. Town/City/District	11. State	12. PIN	13. Email
14. Telephone No. (with STD Code) and Mobile No.	15. (a) Whether assessed to tax under the <input type="checkbox"/> Yes <input type="checkbox"/> No Income - tax Act, 1961 ⁵ : (b) If Yes, latest assessment year for which assessed		
16. Estimated income for which this declaration is made		17. Estimated total income of the P.Y. in which income mentioned in column 16 to be included ⁶	
18. Details of Form No. 15G other than this form filed during the previous year, if any ⁷			
Total No. of Form No. 15G filed		Aggregate amount of income for which Form No. 15G filed	
19. Details of income for which the declaration is filed			
Sl. No.	Identification number of relevant investment/account, etc. ⁸	Nature of income	Section under which tax is deductible

.....
Signature of the Declarant⁹

Declaration/Verification¹⁰

*I/We.....do hereby declare that to the best of *my/our knowledge and belief what is stated above is correct, complete and is truly stated. *I/We declare that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. *I/We further declare that the tax *on my/our estimated total income including *income/incomes referred to in column 16 *and aggregate amount of *income/incomes referred to in column 18 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment yearwill be nil. *I/We also declare that *my/our *income/incomes referred to in column 16 *and the aggregate amount of *income/incomes referred to in column 18 for the previous year ending on relevant to the assessment year will not exceed the maximum amount which is not chargeable to income-tax.

Place :

Date :

.....
Signature of the Declarant⁹

PART II

[To be filled by the person responsible for paying the income referred to in column 16 of Part I]

1. Name of the person responsible for paying SHRIRAM TRANSPORT FINANCE COMPANY LIMITED		2. Unique Identification No. ¹¹	
3. PAN of the person responsible for paying AAACS7018R	4. Complete Address MOOKAMBIKA COMPLEX IIIRD FLOOR No.4 LADY DESIKACHARI ROAD, MYLAPORE, CHENNAI - 600 004	5. TAN of the person responsible for paying CHES00900E	
6. Email	7. Telephone No. (with STD Code) and Mobile No. 044 - 24991363/24990356	8. Amount of income paid ¹²	
9. Date on which Declaration is received (DD/MM/YY)		10. Date on which the income has been paid/credited (DD/MM/YY)	

Place:

Date :

.....
Signature of the person responsible for paying
the income referred to in column 16 of Part I

*Delete whichever is not applicable.

¹As per provisions of section 206AA(2), the declaration under section 197A(1) or 197A(1A) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

²Declaration can be furnished by an individual under section 197A(1) and a person (other than a company or a firm) under section 197A(1A).

³The financial year to which the income pertains.

⁴Please mention the residential status as per the provisions of section 6 of the Income-tax Act, 1961.

⁵Please mention "Yes" if assessed to tax under the provisions of Income-tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

⁶Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.

⁷In case any declaration(s) in Form No. 15G is filed before filing this declaration during the previous year, mention the total number of such Form No. 15G filed along with the aggregate amount of income for which said declaration(s) have been filed.

⁸Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

⁹Indicate the capacity in which the declaration is furnished on behalf of a HUF, AOP, etc.

¹⁰Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

- (i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;
- (ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

¹¹The person responsible for paying the income referred to in column 16 of Part I shall allot a unique identification number to all the Form No. 15G received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15H during the same quarter, please allot separate series of serial number for Form No.15G and Form No.15H.

¹²The person responsible for paying the income referred to in column 16 of Part I shall not accept the declaration where the amount of income of the nature referred to in sub-section (1) or sub-section (1A) of section 197A or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 16 and 18.

FORM NO. 15H

[See section 197A(1C) and rule 29C]

Declaration under section 197A(1C) to be made by an individual who is of the age of sixty years or more claiming certain incomes without deduction of tax.**PART I**

1. Name of the Assessee (Declarant)		2. PAN of the Assessee ¹	3. Date of Birth ² (DD/MM/YYYY)	
4. Previous year (P. Y.) ³ (For which declaration is being made)		5. Flat/Door/Block No.		6. Name of Premises
7. Road/Street/Lane	8. Area/Locality	9. Town/City/District		10. State
11. PIN	12. Email	13. Telephone No. (with STD Code) and Mobile No.		
14. (a) Whether assessed to tax ⁴ : <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If Yes, latest assessment year for which assessed				
15. Estimated income for which this declaration is made		16. Estimated total income of the P.Y. in which income mentioned in column 15 to be included ⁵		
17. Details of Form No. 15H other than this form filed for the previous year, if any ⁶				
Total No. of Form No. 15H filed		Aggregate amount of income for which Form No. 15H filed		
18. Details of income for which the declaration is filed				
Sl. No.	Identification number of relevant investment/account, etc. ⁷	Nature of income	Section under which tax is deductible	Amount of income

.....
Signature of the Declarant

Declaration/Verification⁸

I.....do hereby declare that I am resident in India within the meaning of section 6 of the Income-tax Act, 1961. I also hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated and that the incomes referred to in this form are not includible in the total income of any other person under sections 60 to 64 of the Income-tax Act, 1961. I further declare that the tax on my estimated total income including *income/incomes referred to in column 15 *and aggregate amount of *income/incomes referred to in column 17 computed in accordance with the provisions of the Income-tax Act, 1961, for the previous year ending on relevant to the assessment yearwill be nil.

Place :

.....
Signature of the Declarant

Date :

PART II**[To be filled by the person responsible for paying the income referred to in column 15 of Part I]**

1. Name of the person responsible for paying SHRIRAM TRANSPORT FINANCE COMPANY LIMITED		2. Unique Identification No. ⁹	
3. PAN of the person responsible for paying AAACS7018R	4. Complete Address MOOKAMBIKA COMPLEX IIIRD FLOOR No.4 LADY DESIKACHARI ROAD, MYLAPORE, CHENNAI – 600 004		5. TAN of the person responsible for paying CHES00900E
6. Email	7. Telephone No. (with STD Code) and Mobile No. 044-24991363/24990356		8. Amount of income paid ¹⁰
9. Date on which Declaration is received (DD/MM/YY)		10. Date on which the income has been paid/credited (DD/MM/YY)	

Place:

.....

Date :

Signature of the person responsible for paying
the income referred to in column 15 of Part I

*Delete whichever is not applicable.

¹As per provisions of section 206AA(2), the declaration under section 197A(1C) shall be invalid if the declarant fails to furnish his valid Permanent Account Number (PAN).

²Declaration can be furnished by a resident individual who is of the age of 60 years or more at any time during the previous year.

³The financial year to which the income pertains.

⁴Please mention "Yes" if assessed to tax under the provisions of Income- tax Act, 1961 for any of the assessment year out of six assessment years preceding the year in which the declaration is filed.

⁵Please mention the amount of estimated total income of the previous year for which the declaration is filed including the amount of income for which this declaration is made.

⁶In case any declaration(s) in Form No. 15H is filed before filing this declaration during the previous year, mention the total number of such Form No. 15H filed along with the aggregate amount of income for which said declaration(s) have been filed.

⁷Mention the distinctive number of shares, account number of term deposit, recurring deposit, National Savings Schemes, life insurance policy number, employee code, etc.

⁸Before signing the declaration/verification, the declarant should satisfy himself that the information furnished in this form is true, correct and complete in all respects. Any person making a false statement in the declaration shall be liable to prosecution under section 277 of the Income-tax Act, 1961 and on conviction be punishable-

(i) in a case where tax sought to be evaded exceeds twenty-five lakh rupees, with rigorous imprisonment which shall not be less than six months but which may extend to seven years and with fine;

(ii) in any other case, with rigorous imprisonment which shall not be less than three months but which may extend to two years and with fine.

⁹The person responsible for paying the income referred to in column 15 of Part I shall allot a unique identification number to all the Form No. 15H received by him during a quarter of the financial year and report this reference number along with the particulars prescribed in rule 31A(4)(vii) of the Income-tax Rules, 1962 in the TDS statement furnished for the same quarter. In case the person has also received Form No.15G during the same quarter, please allot separate series of serial number for Form No.15H and Form No.15G.

¹⁰The person responsible for paying the income referred to in column 15 of Part I shall not accept the declaration where the amount of income of the nature referred to in section 197A(1C) or the aggregate of the amounts of such income credited or paid or likely to be credited or paid during the previous year in which such income is to be included exceeds the maximum amount which is not chargeable to tax after allowing for deduction(s) under Chapter VI-A, if any, or set off of loss, if any, under the head "income from house property" for which the declarant is eligible. For deciding the eligibility, he is required to verify income or the aggregate amount of incomes, as the case may be, reported by the declarant in columns 15 and 17".