

Form No. 49A

Application for Allotment of Permanent Account Number
**[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/
 Unincorporated entities formed in India]**

Under section 139A of the Income Tax Act, 1961

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Only 'Individuals'
to affix recent
photograph
(3.5 cm x 2.5 cm)

Only 'Individuals'
to affix recent
photograph
(3.5 cm x 2.5 cm)

Sign/ leftThumb impression across
this photo

Signature/Left Thumb Impression

Assessing officer (AO code)

Area code	AO type	Range code	AO No.

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname

First Name

Middle Name

2 Abbreviation of the above name, as you would like it, to be printed on the PAN card

3 Have you ever been known by any other name? Yes No (Please tick as applicable)

If yes, please give that other name

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname

First Name

Middle Name

4 Gender (for Individual applicants only) Male Female (Please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day

 Month

 Year

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname

First Name

Middle Name

7 Address

Residence Address

Flat/Room/ Door / Block No.

Name of Premises/ Building/ Village

Road/Street/ Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

 Pincode / Zip code

 Country Name

Office Address

Name of office

Flat/Room/ Door / Block No.

Name of Premises/ Building/ Village

Road/Street/ Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

Grid for State / Union Territory, Pincode / Zip code, and Country Name

8 Address for Communication

Residence

Office

(Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Grid for Country code, Area/STD Code, and Telephone / Mobile number

Email ID

Text box for Email ID

10 Status of applicant

Please select status, as applicable

- Individual, Hindu undivided family, Company, Partnership Firm, Association of Persons, Trusts, Body of Individuals, Local Authority, Artificial Juridical Persons, Limited Liability Partnership, Government

11 Registration Number (for company, firms, LLPs, etc.)

Grid for Registration Number

12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted)

Grid for AADHAAR number

13 Source of Income

Please select status, as applicable

- Salary, Income from Business / Profession, Income from House property, Capital Gains, Income from Other sources, No income

14 Representative Assessee (RA)

Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in the column 1-13.

Full Name (Full expanded name: initials are not permitted)

Please select title, as applicable, Shri, Smt., Kumari, M/s

Grid for Last Name / Surname, First Name, Middle Name

Address

Grid for Address details: Flat/Room/Door/Block No., Name of Premises/Building/Village, Road/Street/Lane/Post Office, Area/Locality/Taluka/Sub-Division, Town/City/District, State/Union Territory, Pincode

15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)

I/We have enclosed [] as proof of identity and [] as proof of address. [Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1962) for list of mandatory certified documents to be submitted as applicable]

16 I/We [], the applicant, in the capacity of [] do hereby declare that what is stated above is true to the best of my/our information and belief.

Place []

Date D D M M Y Y Y Y []

Signature / Left Thumb Impression of Applicant (inside the box)