

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]**

See Rule 114

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)

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

Assessing officer (AO code)

Area code	AO type	Range code	AO No.

Sign / Left Thumb impression across this photo

Signature / Left Thumb Impression

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/date of birth/address documents: initials are not permitted)

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

Last Name / Surname _____

First Name _____

Middle Name _____

2 Abbreviations 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 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname _____

First Name _____

Middle Name _____

Mother's Name (optional)

Last Name / Surname _____

First Name _____

Middle Name _____

Select the name of either father or mother which you may like to be printed on PAN card (*Select one only*)

(In case no option is provided then PAN card will be issued with father's name)

Father's name Mother's name (*Please tick as applicable*)

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

8 Address for Communication **Residence** **Office** (Please tick as applicable)

9 Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Email ID

10 Status of applicant

Please select status, as applicable

Individual Hindu undivided family Company Partnership Firm Government Association of Persons

Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership

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

[Registration Number Grid]

12 In case of a person, who is required to quote Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

13 Source of Income

Please select, as applicable

Salary Capital Gains

Income from Business / Profession Business/Profession code [] [] [For Code: Refer instructions] Income from Other sources

Income from House property 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

Last Name / Surname

First Name

Middle Name

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

15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)

I/We have enclosed [] as proof of identity, [] as proof of address and [] as proof of date of birth.

[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]

[Annexure A, Annexure B & Annexure C are to be used wherever 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 : [] [] [] [] [] [] [] []

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