

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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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 Transgender (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)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

Yes No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

First Name

Middle Name

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

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)

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

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

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 <input type="checkbox"/> Residence <input type="checkbox"/> 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, <input checked="" type="checkbox"/> as applicable | |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Hindu undivided family |
| <input type="checkbox"/> Trusts | <input type="checkbox"/> Body of Individuals |
| <input type="checkbox"/> Company | <input type="checkbox"/> Local Authority |
| <input type="checkbox"/> Partnership Firm | <input type="checkbox"/> Artificial Juridical Persons |
| <input type="checkbox"/> Association of Persons | <input type="checkbox"/> Limited Liability Partnership |
| 11 Registration Number (for company, firms, LLPs etc.) | |
| | |
| 12 In case of a person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar 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 <i>Please select, <input checked="" type="checkbox"/> as applicable</i> | |
| <input type="checkbox"/> Salary | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Income from Business / Profession Business/Profession code <input type="text"/> <input type="text"/> [For Code: Refer instructions] | <input type="checkbox"/> Income from Other sources |
| <input type="checkbox"/> Income from House property | <input type="checkbox"/> 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, <input checked="" type="checkbox"/> as applicable | |
| <input type="checkbox"/> Shri | <input type="checkbox"/> Smt. |
| <input type="checkbox"/> Kumari | <input type="checkbox"/> 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 : | Signature / Left Thumb Impression of Applicant (inside the box) |
| Date : | |
| | |