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
$\left.\begin{array}{|c|c|}\hline \begin{array}{c}\text { Only } \\ \text { 'Individuals' to } \\ \text { affix recent } \\ \text { photograph (3.5 } \\ \text { cm X } 2.5 \mathrm{~cm})\end{array} \\ & \text { Assessing Officer (AO Code) }\end{array} \begin{array}{|c} \\ \text { Only } \\ \text { Individuals' } \\ \text { to affix } \\ \text { recent } \\ \text { photograph } \\ (3.5 \mathrm{~cm} \times 2.5 \\ \mathrm{cm})\end{array}\right\}$

|  |
| :--- |
| Signature/Left |
| Thumb |
| Impression |
| across the |
| photo |


| Area Code |  | AO <br> Type | Range Code  AO No.  l |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |

Sir,
I/We hereby request that a permanent account number be allotted to me/us.
I/We give below the 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, 团 as applicable


Last Name/Surname


First Name

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

$\square$
3. Have you ever been known by any other name? (Please Tick as applicable)


No


If yes, please give other name
Please select title, as applicable
Shri $\square$ Smt. $\square$ Kumari $\square$
$\qquad$

Last Name/Surname


First Name

|  |  |  |  |  |  | $\cdot$ |  |  |  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Middle Name

4. Gender (For Individual Applicants only) (Please Tick as applicable)


Female

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


Day


Mont

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

3
Last Name/Surname


First Name $\square$
Middle Name


## 7. Address

Residential Address
Flat/Room/Door/Block No.

|  |
| :---: |

Name of Premises/Building/Village


Road/Street/Lane/Post Office


Area/Locality/Taluka/Sub-Division


Town/City/District
$\square$
$\square$

Office Address
Name of Office
$\square$
Flat/Room/Door/Block No.
$\square$
Name of Premises/Building/Village
$\square$

## Road/Street/Lane/Post Office

$\square$

Area/Locality/Taluka/Sub-Division
$\square$
Town/City/District
$\square$

State/Union Territory
Pin code/Zip code
Country Name
$\square$

| 8. Address for communication. (Please Tick as applicable) | Residen <br> ce |  | Office |
| :--- | ---: | ---: | ---: |

9. Telephone number \& Email ID details

| Country |
| :--- |
| code |
| Area/STD |
| code |
| Code |

[^0]
e-mail
ID $\square$
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.)
$\square$
12. In case of a citizen of India, then

Please mention your AADHAAR number (if allotted) $\square$
13. Source of income (Please select status, 园 as applicable)

Salary
Capital Gains
Income from Business/
Profession
Business/ Profession code

Income from other sources Income from house property
No income

[for Code : Refer Instructions]
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 column 1-13.
Full Name (Full expanded name : initials are not permitted)

| Please select title 目 as applicable | Shri |  | Smt. |  | Kumar |  | $\mathrm{M} / \mathrm{s}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

$\square$

Last Name/Surname


First Name $\square$
Middle Name


## Address

Flat/Room/Door/Block No.
$\square$
Name of Premises/Building/Village
$\square$
Road/Street/Lane/Post Office
$\square$

Area/Locality/Taluka/Sub-Division

|  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

Town/City/District


## State/Union Territory

Pin code

|  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |

15. Documents submitted as proof of identity (PO) and Proof of address (POA) I/We have enclosed $\qquad$ as proof of identity and $\qquad$ 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 $\qquad$ the applicant, in the capacity of $\qquad$ do hereby declare that
what is stated above is true to the best of my information and belief

Place:

Date


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


[^0]:    Tel./Mobile No.

