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

Division

## 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

Only 'Individuals'

[3.5 cm x 2.5 cm) examples before filling up the form Assessing officer (AO code) Signature/Left Thumb AO type AO No. Area code Range code Signature/Left Impression across the photo 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/address documents: initials are not permitted) Please select title, as applicable Shri/Mr. Smt./Mrs. Kumari /Ms. Last Name/Surname First Name Middle Name 2. Abbrevation 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 the other name Please select title, as applicable Shri/Mr. Smt./Mrs. Kumari /Ms. M/sLast 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-

| Town / City / District  |                               |                             |  |  |  |  |
|---|-------------------------------|-----------------------------|--|--|--|--|
| State / Union Territory   | Pin code/Zip code             | Cou                         | ntry 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-<br>Division  |                               |                             |  |  |  |  |
| Town / City / District  |                               |                             |  |  |  |  |
| State / Union Territory   | Pincode/Zip code              | Cou                         | ntry Name                                      |  |  |  |
|   |                               |                             |  |  |  |  |
| 8. Address for Communication 9. Telephone Number & Email ID de Country code                           | Residence tails Area/STD Code | office  Telephone/Mobile    | (please tick) as applicable.                   |  |  |  |
| Email id  |                               |                             |  |  |  |  |
| 10 Status of applicant  Please select status, as applicable Government                                |                               |                             |  |  |  |  |
| Individual Hindu undiv  | Vided Company                 | Partnership Firm            | Association of Persons                         |  |  |  |
| Trusts Body of Ind  | Authority                     | Artificial Juridica Persons | United Liability Partnership                   |  |  |  |
| 11. Registration Number (for company  | y, firms, LLPS, etc.          |                             |  |  |  |  |
|   |                               |                             |  |  |  |  |
|   |                               |                             |  |  |  |  |
| 12. In case of a citizen of India, then Please mention your AADHAAR num  13. Source of Income         |                               | Pleas                       | se select status, vas applicable               |  |  |  |
| 12. In case of a citizen of India, then Please mention your AADHAAR num                               |                               | Pleas                       | se select status, vas applicable Capital Gains |  |  |  |
| 12. In case of a citizen of India, then Please mention your AADHAAR num  13. Source of Income         |                               | (For Code:Refer             |  |  |  |  |
| 12. In case of a citizen of India, then Please mention your AADHAAR num  13. Source of Income  Salary | aber (if allotted)            |                             | Capital Gains                                  |  |  |  |

Full name, address of the Representative Assessee, who is assessible 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/ Buildi  | ing/ Village  |                          |              |   |     |  |  |
| Road/Street/ Lane/Post O  | ffice   |                          |              |   |     |  |  |
| Area / Locality / Taluka/ S<br>Division   | Sub-  |                          |              |   |     |  |  |
| Town / City / District  |   |                          |              |   |     |  |  |
| State / Union Territory   | Pin code  |                          |              |   |     |  |  |
|   |   |                          |              |   |     |  |  |
| 15. Documents submitted   | 15. Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth |                          |              |   |     |  |  |
| I/We have enclosed  |   | as proof of ic           | dentity,     |   |     |  |  |
| as proof of address and   |   | as proof of d            | ate 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   | e applicant, in the capa | city of      |   |     |  |  |
| do hereby declare that what is stated above is true to the best of my/our information and belief  |   |                          |              |   |     |  |  |
| Place   |   |                          |              |   |     |  |  |
| D D   |   |                          |              |   |     |  |  |
| Date  | M M Y Y Y   | <del></del><br>_         |              | Signature/Left Thumb impressi<br>Applicant (Inside the box) |     |  |  |

## Annexure -A

(Certificate to be used by a Member of Parliament/Member of Legislative Assembly/Municipal Councillor or Gazetted Officer under sub-rule (4) of rule 114 of the Income-tax Rules, 1962)

(Affix same photograph as affixed on PAN application form

(To be attested by issuing authority with his/her signature & rubber stamp appearing half on the photograph and half on the certificate)

| I haveled a wife shot I have Sh (Cont/Warre   | /-                | appearing half on the half on the certificate)   |             |
|---|-------------------|--|-------------|
| I hereby certify that I know Sh./Smt/Kum his/her personal particulars as given below are correct to Income-tax Department to him/her. |                   |  |             |
| Name  |                   |  |             |
| Father's Name   |                   |  |             |
| (even in case of married ladies father's name is to be provided)  |                   |  |             |
| Date of Birth   |                   |  |             |
| Residence Address   |                   |  |             |
| (if applicant has resided at more than one place during last one year then all such address with dates should be mentioned)           |                   |  |             |
| Office Address  |                   |  |             |
| Previous Name (in case of change in name)   |                   |  |             |
| Details of issuer of certificate Office address with location Office Seal   | Designation:      |  |             |
|   |                   | isation/Constituency:  |             |
|   | Identity card No: |  |             |
| Date:   | (Enclose a photoc |  |             |
| Place:  |                   |  |             |
|   | Mobile:           |  |             |
|   |                   |  |             |
|   | Annexure -B       | (ACC   |             |
|   |                   | (Affix same photograph as affixed on PAN application form)                                   |             |
| (Certificate to be used by the employer on the le<br>institution under sub-rule (4) of rule 114 of the Incom                          |                   | (To be attested by issuin his/her signature & appearing half on the half on the certificate) | rubber stam |
| It is hereby certified that Sh./Smt/Kum   |                   |  | is          |
| employed with us since He/She is presently work   |                   | organisation:-   |             |
| Office Address  |                   |  |             |
| The residential address of the applicant as verified by us  |                   |  |             |
| Residential Address   |                   |  |             |
| Registration Number of the Company/Institution etc  |                   |  |             |

PAN of the Company/Institution:

| Details of the Individual issuing the certificate   |  |
|---|--|
| Full Name:  |  |
| Designation:  |  |
| PAN of the Individual:  |  |
| Office address with location:   |  |
| Telephone:  | (Signature)  |
| Mobile:   | Office Seal  |
| Date:   |  |
| Place:  |  |
| Annexure -  | C  |
| (Certificate of identification by Bank on the letter head of the bank under                   | sub-rule (4) of rule 114 of the Income-tax Rules, 1962)  |
|   | (Affix same photograph as affixed on PAN application form)   |
|   | (To be attested by issuing authority with his/her signature & rubber stamp appearing half on the photograph and half on the certificate) |
| This is to certify that Sh./Smt/Kumson/daughter ofson/daughter ofwith this branch of the bank | 1 5 1  |
| Details of the Individual issuing the certificate   |  |
| Full Name:  |  |
| Designation:  |  |
| PAN of the Individual:  |  |
| Office address with location:   |  |
| Telephone:  | (Signature)  |
| Mobile:   | Office Seal  |
| Date:   |  |
| Place:  |  |