## Instructions for filling the Form 49A:

- 1. Use ONLY BLACK BALL PEN for filling the Form and the signature
- 2. Fill all the details in CAPITAL letters only.
- 3. Do not use white ink on the form. Counter sign beside any correction/cancellation.
- 4. Leave the Ward/circle columns blank
- 5. Stick (and not staple) the photograph and do not sign across the same.
- 6. Signature should be fully inside the box on page 3 & 4
- 7. Name and address should match with the proofs given.
- 8. Last/First/Middle Name (Point 3) to start from the blocks specified.
- 9. Fill all the details in points 1,2,3,4,5(R), 7, 8, 9, 10, 12,13 and 15
- 10. The 'Office Address' should be filled as

For Salaried Individuals : Address of Employer

For Individuals having own business: Address of Principal office of the business For others (e.g. income from other sources and unemployed): Leave blank

- 11. Providing E-mail address is mandatory.
- 12. Leave the fields for representative assesses (point 14) blank.

#### Documentation:

- 1. Separate proofs of identity and address are required for each Form 49A.
- 2. Address proof should be for address mentioned in point no.5 of the Form 49 A.
- 3 The identity and address proof will have to be as follows:
  - Identity Proof: Passport copy (for foreign citizen residing outside india attested by indian embassy official)
  - Address Proof: Passport copy (for foreign citizen residing outside india attested by indian embassy official) OR copy of bank account statement (for foreign citizen residing outside india - attested by indian embassy official). Pls note that no other adddress proof as mentioned in form 49A will be accepted.
- Please fill the undertaking below along with the Form 49 A.
   Undertaking To Be Signed By Applicant Along With Form 49A

# To Whomsoever It May Concern

I, Mr./Ms.	, resident of ,
hereby authorize M/s. Chaturvedi & Compa	ny
having their address as under, to deal with connection with obtaining the PAN Card or	o,
to the address mentioned below:	
M/s Chaturvedi & Company,	
81, Mittal Chambers,	
228, Nariman Point,	
Mumbai – 400 021.	
Residential address as mentioned on Form	49 A:
Name:	Signature:

#### INSTRUCTIONS FOR FILLING FORM 49 A

- a) Use BLACK INK for filling the FORM and SIGNATURE.
- b) 'Individual' applicants should paste one recent, coloured photograph (stamp size : 3.5 cms X 2.5 cms).

  The photograph should not be stapled or clipped. The clarity of the image on PAN Card will depend on the quality and clarity of photograph pasted on the form.
- c) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or Gazetted Officer, under official seal and stamp.
- d) Each box, wherever provided, should contain only one character (alphabets/number/punctuation sign) leaving a box blank after each word.

e) Area and AO code should be filled by the applicant, in consultation with IT PAN Service Center, if required

e) Ar	ea and AO code should be filled by	the applicant, in consultation with IT PAN Service Center, if required	
Item No.	Item Details	How to fill in the form	
1.	Full name	'Individuals' must state full-expanded name is CAPITAL LETTERS. Abbreviations and initials are not acceptable. Name should not be prefixed with titles such as Shri,Smt,Kumari,Late,Major Dr. or M/s and a blank box should be left between any two parts of the name.  For example SATYA PRAKASH SHARMA should be written as:  Surname/Last Name:  SHARMA  First Name:  SATYA  Middle Name:  PRAKASH  Other applicants must ignore this structure of name but leave a blank box after each word in the name.	
2.	Name to be printed on PAN Card	Since the PAN Card cannot carry name exceeding 25 characters, applicants with longer names should suitably abbreviate the name but without using any nickname or aliases.  For example: SATYAM VENKATAIYAH M.K.REDDY, can be abbreviated as SATYAM M K REDDY	
3.	Earlier Name	Applicable to Individuals only and instructions in item no.1 for writing name apply.	
4.	Father's Name	Applicable to Individuals only and instructions in item no. 1 for writing name apply. Married women applicants should also give only father's name and not husband's name.	
5.	Address-Residential & office	Indicating PIN code for both Residential and office Address is mandatory	
6.	Address for communication	All future communications will be sent at the address indicated in this column. R means residence address and O means office address	
7.	Date of Birth	Date 21 9 1956 should be written as  2 1 0 9 1 9 5 6  Relevant date for different category of PAN applicants is:  Individuals: Actual Date of Birth; Companies: Date of Incorporation; Association of Persons: Date of Formation/Creation; Association of Person (Trust): Date of Creation or Trust Deed; Partnership Firms:  Date of Partnership Deed; and HUFs: Date of creation of HUF	
8.	Registration No.	Not applicable to Índividual and HUF applicants. 'Company' applicants should mention registration number issued by the Registrar of Companies. Other applicants may mention registration number issued by any State or Central Govt. Authority	
9(a)	Salaried employee	Write name of the Organisation where employed.	
9(b)	Nature and code of Business / Profession	Chose relevant code corresponding to your business / profession from the list mentioned at Point No. 6 Overleaf (General Information for PAN Applicants)	
9(c)	Applicants other than those covered by column 0 (a) & 0 (b) must mention their source of inco		
10	Name and address of Representative Assessees	Section 160 of IT Act, 1961 provides that a non-resident, a minor, etc. can be represented through Representative Assessee .This column will contain particulars of such Representative Assessee whereas column 1 to 13 will contain details of person on whose behalf this application is submitted In such case Representative Assessee will sign the form	
11.	Enclosures	List of documents that will serve as proof of Identity and Address are available at Point No.5 overleaf (General Information for PAN Applicants)	

## **General Information for PAN Applicants**

- 1.Application for PAN should be made only on form supplied by UTIISL or from website http://www.pancard.utiisl.co.in or obtained IT PAN Service Center. Cost of the form is Rs.5/-.Applications on any other form including re-printed or photocopied from original will be summarily rejected. For forms downloaded from website http://www.pancard.utiisl.co.in, you have to pay Rs. 5/- in cash at the PAN Card Center as cost of the form.
- 2.Before submission of form, a Processing Coupon of Rs. 60/- should be obtained from the IT PAN Service Center and affixed on the top of the form.
- 3. Those already allotted a ten digit alphanumeric PAN shall not apply again as having or using more then one PAN are illegal. Such allottees may, however, request for the new tamper proof PAN card, with several security features, on payment of Rs.60/-at IT PAN Service Centers.

5.Documents to be submitted along with application for PAN (Column 15 of Form 49 A):

Category	Documents Required			
Individual	For proof of identity: Copy of school leaving certificate or matriculation certificate or degree of a recognised educational			
	institution or depository account or credit card bank account or water bill or ration card or property tax assessment order or passport			
	or voter identity card or driving license or certificate of identity signed by a Member of Parliament or Member of Legislative			
	assembly or Municipal Councilor or a Gazetted Officers, as the case may be.			
	For Proof of Address: Copy of electricity bill or telephone bill or depository account or credit card or bank account or ration car			
	or employer certificate or passport or voters identity card or property tax assessment order Legislative Assembly or Municipal			
	Councilor or Gazetted Officer, as the case may be.			
	Incase of a person being a minor, any documents of any of the parents or guardian of such minor shall be deemed to be the proof of			
	identity and address.			
HUF	For proof of identity and address, any document prescribed in the case of individuals in respect of Karta of the HUF			
Company	Copy of Certificate or Registration issued by Registrar of Companies.			
Firms	Copy of Certificate of Registration issued by the Registrar or Copy of Partnership Deed.			
AOP(Trusts)	Copy of the Trust deed or Copy of Certificate of Registration Number issued by Charity Commissioners.			
AOP/BOI/Local	Copy of Agreement or Copy of Certificate or Registration Number issued by Charity Commissioners or Registrar of Co-operative			
Authority/	Society or any other Competent Authority or any other document originating from any Central or State Government Department			
Artifical Juridical	establishing Identity and Address of such person.			
Person				

### 6.Businees/Professions along with codes (Column 13(b) of Form 49A):

01 Medical Profession and Business	11	Films,TV and such other entertainment
02 Engineering	12	Information Technology
03 Architecture	13	Builders and Developers
04 Chartered Accountant/Accountancy	14	Members of Stock Exchange, Share Brokers and Sub-Brikers
05 Interior Decoration	15	Performing Arts and Yatra
06 Technical Consultancy	16	Operation of Ship, Hovercraft, Aircarfts or Helicopters
07 Company Secretary	17	Plying Taxis,Lorries,Trucks,Buses or other Commercial Vehicles
08 Legal Practitioner and Solicitors	18	Ownership of Horses or Jockeys
09 Government Contractors	19	Cinema Halls and Other Theaters
10 Insurance Agency	20	Others

## <u>ACKNOWLEDGEMENT</u>

Reco	Received with thanks from Shri / Smt / Kum / M/s					
1.	APPLICATION FORM 49A BEARING APPLICATION SR.No.					
2.	DATE OF RECEIPT					
3.	PROCESSING COUPON NUMBER					
4.	PROOF OF IDENTITY					
5.	PROOF OF ADDRESS					
6.	OTHERS (please specify)					
PAN	Service Center Code:					
PAN	Service Center Name :			AUTHORISED SIGNATORY (with date stamp)		

(Note:The PAN card will be issued within 10 working days from the date of receipt at PAN Service Center. However,during the first six months effective from 1 st July,2003,the PAN card will be issued

in 15 working days from the date fof receipt at PAN Service Center.) Any query / correspondence in this connection may be addressed by quoting the application

& Processing Coupon Number to:

FORM No. ITS 49A	Sl No:
Application for Allotment of Permanent Account Number - FORM 49A	
Under Section 139A of the Income-Tax Act, 1961 (To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)	
To	
The Assessing Officer Area AO Range AO	
Code Type Code No	
Ward/Circle	Only in dividual to
Range	Only individual to affix recent photograph
Commissioner	(3.5cm x 2.5cm)
	, ,
Sir,	
I/We hereby request that a permanent account number be	
allotted to me/us.I/We give below necessary particulars:	
	Signature/Left Thumb Impression
1.Full Name (Full expanded name :initials are not permitted): Please tick   as applicable : Shri □	Smt □ Kumari □ M/s □
Last Name/Surname : First Name : Middle Name :	
2.Name you would like printed on the card	
3. Have you ever been known by any other name? Please tick \( \subset \) as applicable Yes \( \subset \) No \( \subset \) If yes, please give that other name (Full expanded name: Initials are not permitted)	Smt
If yes, please give that other name (Full expanded name : Initials are not permitted)  Shri  Last Name / Surname  [First Name]	
Last Name / Sut hame	
Middle Name	
4.Father's Name (Only 'Individual' applicants : Even married women should give father's name only)	
Last Name / Surname   First Name	
Middle Name	
5.Address	
R. Residential Address :	
Flat/Door/Block No.	
Name of Premises/Building/Village	
D 100 / 07 / D 4 0 00°	
Road/Street/Lane/Post Office	
Area/Locality/Taluka/Sub-Division	
Town/City/District  State/Union Territory  Pin(Indicating	PIN is mandatory)
O. Office Address: (Name of Office)	
Flat/Door/Block No.	
Name of Premises/Building/Village	
Road/Street/Lane/Post Office	
Area/Locality/Taluka/Sub-Division	
Town/City/District  State/Union Territory  Pin(Indica	ting Pin is mandatory)
Town/City/District   State/Union Territory   Pin(Indica	ting 1 in is manuatory)
6. Address for communication :Please tick as applicable R or O	

STD Code	Tel Number	-mail ID
7.Tel.No.		
8. Sex(For 'Individual Applicants only)Please	as applicable. Male Fema	ale
9. Status of the Applicant: Please as applicab	ole	
Individual P	Firm F	Body of Individuals B
Hindu Undivided Family H	Association of Persons A	Local Authority L
Company C	Association of Persons (Trusts) T	Artificial Juridical Person J
10. Date of Birth/Incorporate/Agreement/Partne	rship or Trust Deed/Formation of Body	
of Individuals/Association of Persons		DD MM YYYY
11. Registration Number(In case of Firms, Comp	panies etc.)	
12. Whether citizen of India?	Please as applicable.	Yes No
13. (a) Are you a salaried employee?	if yes, indicate:	Government Others
Name of the Organization where working		
(b) If you are engaged in a business/professio	n, indicate nature of business or profession a	nd fill the relevant code.
(c) If you are not covered by (a) or (b) above,	indicate sources of income, if any	
14 Full Name address of the Democratetine A		A
14. Full Name, address of the Representative Asperson whose particulars have been given in col		ax Act in respect of the
Full Name (Full expanded name :initials are no		Shri
Last Name / Surname	First Name	
	10	
Address:		
Flat/Door/Block No.		
Name of Premises/Building/Village		
Road/Street/Lane/Post Office		
Area/Locality/Taluka/Sub-Division		
Town/City/District	State/Union Territo	ory Pin(Indicating Pin is mandatory)
15 I/We have endered		-4
15. I/We have enclosed	as proof of identity a	lid
as Proof of address.	7	
I/We		licant, do hereby declare that what is stated above
is true to the best of my / our information and be	ener.	
Verified today, the		
DD MM YYY	YY	
	Signature/L	eft thumb impression of Applicant (inside the
	box)	