

FORM NO. 49AA

**Application for allotment of Permanent Account Number
[Individuals not being a Citizen of India/Entities incorporated outside 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

Only
'Individuals'
to affix recent
photograph
(3.5 cm X 2.5
cm)

Only
'Individuals'
to affix recent
photograph
(3.5 cm X 2.5
cm)

Assessing Officer (AO Code)

Signature/Left
Thumb
Impression
across the
photo

Area Code			AO Type		Range Code			AO No.			

Signature/Left
Thumb
Impression

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, ✓ as Shri/ Smt./Mrs. Kumari/ M/s
applicable Mr. Ms.

Last Name/Surname

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First Name

Middle Name

2. Abbreviation 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? (Please Tick ✓ as applicable) Yes No

If yes, please give other name

Please select title, ✓ as applicable Shri/Mr Smt./Mrs. Kumari/ Ms. M/ s

Last Name/Surname

First Name

Middle Name

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

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

9. Telephone Number and Email ID details

Country code	STD Code	Telephone/Mobile No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

e-mail ID

10. Status of Applicant (Please select ✓ as applicable)

Individual	<input type="checkbox"/>
Hindu Undivided Family	<input type="checkbox"/>
Company	<input type="checkbox"/>
Partnership firm	<input type="checkbox"/>
Association of Persons	<input type="checkbox"/>
Trusts	<input type="checkbox"/>
Body of Individuals	<input type="checkbox"/>
Local Authority	<input type="checkbox"/>
Artificial Juridical Person	<input type="checkbox"/>
Unlimited liability partnership	<input type="checkbox"/>
Government	<input type="checkbox"/>

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

<input type="text"/>

12. Country of Citizenship	<input type="text"/>	ISD Code of the Country of Citizenship	<input type="text"/>	<input type="text"/>
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13. Source of income (Please select ✓ as applicable)

Salary	<input type="checkbox"/>
Capital Gains	<input type="checkbox"/>
Income from Business/ Profession	<input type="checkbox"/>
Business/Profession code	<input type="checkbox"/>
Income from other sources	<input type="checkbox"/>
Income from house property	<input type="checkbox"/>
No income	<input type="checkbox"/>

[for Code : Refer Instructions]

14. Representative or Agent of the Applicant in India

Full name, address of the representative or agent

Full Name (Full expanded name : initials are not permitted)

Please select title ✓ as applicable	Shri/Mr.	<input type="checkbox"/>	Smt./Mrs.	<input type="checkbox"/>	Kumari/Ms.	<input type="checkbox"/>	M/s	<input type="checkbox"/>
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Last Name/Surname

First Name

Middle Name

Address

Flat/Room/Door/Block No.

Name of Premises/Building/Village

In case of Foreigner, country of
Citizenship

Occupation details

Private sector service	<input type="checkbox"/>
Public sector/Govt. service	<input type="checkbox"/>
Business	<input type="checkbox"/>
Professional	<input type="checkbox"/>
Agriculturist	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Housewife	<input type="checkbox"/>
Student	<input type="checkbox"/>
Others	<input type="checkbox"/>

(b) In case of non individuals. (Please select ✓ as applicable)

Private Company	<input type="checkbox"/> R
Public Company	<input type="checkbox"/> U
Body Corporate	<input type="checkbox"/> D
Financial Institution	<input type="checkbox"/> S
Non Government Organization	<input type="checkbox"/> N
Charitable Institution	<input type="checkbox"/> C

(c) Gross Annual Income - INR

Net worth (Assets less
liabilities) in INR

(d) In case of a Public Company, whether listed on a stock exchange
(Please select ✓ as applicable)

Y	<input type="checkbox"/>	N	<input type="checkbox"/>
es		o	

If yes, then indicate name of the
stock exchange

(e) In case of Non individuals

Does it have few persons or persons of the same family holding beneficial ownership and control.(Please select ✓ as applicable)	Yes	<input type="checkbox"/>	N	<input type="checkbox"/>
			o	

Impression of
Applicant (inside the
box)