

Form No. 49AA									
Application for Allotment of Permanent Account Number [Individuals not being a Citizen of India/Entities incorporated outside India/ Unincorporated entities formed outside 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									
<div style="border: 1px solid black; padding: 5px; text-align: center;">Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Sign/ Left Thumb impression across this photo</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Assessing officer (AO code)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Area code</th> <th style="width: 25%;">AO type</th> <th style="width: 25%;">Range code</th> <th style="width: 25%;">AO No.</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Area code	AO type	Range code	AO No.				
Area code	AO type	Range code	AO No.						
<p>Sir,</p> <p>I/We hereby request that a permanent account number be allotted to me/us.</p> <p>I/We give below necessary particulars:</p>									
<b>1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)</b>									
<p><i>Please select title,</i> <input checked="" type="checkbox"/> <i>as applicable</i>    <input type="checkbox"/> Shri/Mr    <input type="checkbox"/> Smt/Mrs    <input type="checkbox"/> Kumari/Ms    <input type="checkbox"/> M/s</p> <p>Last Name / Surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>First Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>									
<b>2 Abbreviation of the above name, as you would like it, to be printed on the PAN card</b>									
<p><span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span></p> <p><span style="border: 1px solid black; display: inline-block; width: 200px; height: 1.2em; vertical-align: middle;"></span></p>									
<b>3 Have you ever been known by any other name?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(please tick) as applicable)</i>									
<p>If yes, please give that other name</p> <p><i>Please select title,</i> <input checked="" type="checkbox"/> <i>as applicable</i>    <input type="checkbox"/> Shri/Mr    <input type="checkbox"/> Smt/Mrs    <input type="checkbox"/> Kumari/Ms    <input type="checkbox"/> M/s</p> <p>Last Name / Surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>First Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>									
<b>4 Gender (for individual applicants only)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please tick as applicable)</i>									
<b>5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons</b>									
<p style="text-align: center;">Day                      Month                      Year</p> <p style="text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span> </p>									
<b>6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)</b>									
<p>Last Name / Surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>First Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Middle Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>									
<b>7 Address</b>									
<p><b>Residence Address</b></p> <p>Flat/Room/ Door / Block No. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Name of Premises/ Building/ Village <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Road/Street/ Lane/Post Office <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Area / Locality / Taluka/ Sub- Division <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Town / City / District <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>State / Union Territory <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p style="text-align: right;">Pincode / Zip code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 1.2em; vertical-align: middle;"></span> Country Name <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span></p>									
<p><b>Office Address</b></p> <p>Name of office <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Flat/Room/ Door / Block No. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>Name of Premises/ Building/ Village <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p>									

Road/Street/ Lane/Post Office	<input type="text"/>																			
Area / Locality / Taluka/ Sub- Division	<input type="text"/>																			
Town / City / District	<input type="text"/>																			
State / Union Territory	<input type="text"/>					Pincode / Zip code	<input type="text"/>					Country Name	<input type="text"/>							

**8 Address for Communication** ☐ Residence ☐ Office *(Please tick as applicable)*

**9 Telephone Number & Email ID details**

Country code	<input type="text"/>		Area / STD Code	<input type="text"/>		Telephone / Mobile number	<input type="text"/>										
Email ID	<input type="text"/>																

**10 Status of applicant**

Please select status, ☒ as applicable

<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

**11 Registration Number (for company, firms, etc.)**

**12. Country of Citizenship**  **ISD Code of the Country of Citizenship**

**13 Source of Income**

Please select status, ☒ as applicable

<input type="checkbox"/> Salary	<input checked="" type="checkbox"/> as applicable	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	Business/Profession code <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 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 ☐ Smt/Mrs ☐ Kumari/Ms ☐ M/s

Last Name / Surname

First Name

Middle Name

**Address**

Flat/Room/ Door / Block No.	<input type="text"/>																			
Name of Premises/ Building/ Village	<input type="text"/>																			
Road/Street/ Lane/Post Office	<input type="text"/>																			
Area / Locality / Taluka/ Sub- Division	<input type="text"/>																			
Town / City / District	<input type="text"/>																			
State / Union Territory	<input type="text"/>					Pincode / Zip code	<input type="text"/>													

**15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)**

I/We have enclosed  as proof of identity,  as proof of address, and  as mandatory certified documents

*[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 1 to be used wherever applicable]**

**16 KYC details\* [To be filled in by Foreign Institutional Investor or a Qualified Foreign Investor, as prescribed under the regulations issued by the Securities and Exchange Board of India (SEBI)]**

*["Control" as defined under SEBI (Substantial Acquisition of Shares and Takeovers) Regulations,1997*

*"Beneficial owner" as defined in the para 5.1 of SEBI circular dated December 31, 2010 on Anti Money Laundering.]*

(a) In case of Individuals

Please select ☒ as applicable

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower

Citizenship Status ☐ I Foreigner ☐ P Person of Indian origin ☐ O Overseas citizen of India

In case of Foreigner, country of Citizenship

Occupation details ☐ Private sector service ☐ Public sector/Govt. service ☐ Business ☐ Professional  
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Others

(b) In case of non individuals

Please select ☒ as applicable

☐ R Private Company ☐ U Public Company ☐ D Body Corporate  
☐ S Financial Institution ☐ N Non Government Organization ☐ C Charitable Organization

(c) Gross Annual Income - INR

Netwoth (Assets less liabilities) in INR

(d) In case of a Public Company, whether listed on a stock exchange

☐ Yes

☐ No

Please select ☒ as applicable

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.

☐ Yes

☐ No

Please select ☒ as applicable

["Control" :Control shall include the right to appoint majority of the directors or to control the management or policy decisions exercisable by a person or persons acting individually or in concert, directly or indirectly, including by virtue of their shareholding or management rights or shareholders agreements or voting agreements or in any other manner

"Beneficial owner" means the natural person who ultimately owns or controls the applicant and/or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a juridical person]

(f) Is the entity involved / providing any of the following services

Please select ☒ as applicable

Foreign exchange, Money Changer Services

☐ Yes

☐ No

Gaming/Gambling/Lottery services (Casinos and Betting Syndicates)

☐ Yes

☐ No

Money Lending, Pawning

☐ Yes

☐ No

(g) Whether the applicant or the applicant's authorised signatories/trustees/office bearers is

(i) a politically exposed person

☐ Yes

☐ No

(ii) related to a politically exposed person

☐ Yes

☐ No

[For definition of politically exposed person refer to guidelines issued under the Prevention of Money Laundering Act (PMLA)]

(h) Taxpayer identification Number in the country of residence

17 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

Date

D D M M Y Y Y Y  
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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

**Annexure-1**

*(Certification under sub-rule (4) of rule 114 of the Income-tax Rules, 1962 in case of individuals not being a Citizen of India & entities incorporated outside India filling form 49AA)*

This document \_\_\_\_\_ (type of document) has been certified by \_\_\_\_\_  
(name of certifying person) acting in the capacity of \_\_\_\_\_ at \_\_\_\_\_  
(place) on \_\_\_\_\_ (date).

Official Seal \_\_\_\_\_ Signature

Full Name, Address and Telephone number of the Overseas Bank Branch of Scheduled Bank  
registered \_\_\_\_\_ in \_\_\_\_\_ India

\_\_\_\_\_  
\_\_\_\_\_