

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
 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)

Sign/ leftThumb impression across
 this photo

| Area code | AO type | Range code | AO No. |
|-----------|---------|------------|--------|
| | | | |

Signature/Left Thumb Impression

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 Smt. Kumari M/s

Last Name / Surname

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? Yes No (Please tick as applicable)

If yes, please give that other name

Please select title, as applicable Shri Smt. Kumari M/s

Last 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- Division

Town / City / District

State / Union Territory Pincode / Zip code Country 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- Division

Town / City / District

State / Union Territory Pincode / Zip code Country Name

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

9 Telephone Number & Email ID details

| | | |
|-------------------------------|----------------------|---------------------------|
| Country code | Area/STD Code | Telephone / Mobile number |
| <input type="text"/> | <input type="text"/> | <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, LLPs, etc.)

12 Incase of a citizen of India, then

Please mention your AADHAAR number (if allotted)

13 Source of income

Please select status, as applicable

| | |
|--|--|
| <input type="checkbox"/> Salary | <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 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 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. | <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 <input type="text"/> |

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

I/We have enclosed as proof of identity and 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 , 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 |
| <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> | <input style="width: 15px; height: 15px;" type="text"/> |

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