

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 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)

Sign/ leftThumb impression across
this photo

Assessing officer (AO code)

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 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 Abbreviations 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

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.)

<input type="text"/>

12 Please mention your AADHAAR number (if allotted)

<input type="text"/>

13 Source of Income

Please select, as applicable

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property	<input type="checkbox"/> No income

Business/Profession code [For Code: Refer instructions]

14 Representative Assessee (RA)

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

<input type="checkbox"/> Shri	<input type="checkbox"/> Smt.	<input type="checkbox"/> Kumari	<input type="checkbox"/> M/s
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Last Name / Surname	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>

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 and as proof of date 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 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>
Signature / Left Thumb Impression of Applicant (inside the box)

