

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/ Left Thumb 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 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

Email ID _____

10 Status of applicant

Please select status, as applicable
Individual Hindu undivided family Company Partnership Firm Association of Persons
Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partnership
Government

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

12 In case of a citizen of India, then

Please mention your AADHAAR number (if allotted) _____

13 Source of Income

Please select status, as applicable

Salary Capital Gains
Income from Business / Profession Business/Profession code Income from Other sources
Income from House property 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. _____
Name of Premises/ Building/ Village _____
Road/Street/ Lane/Post Office _____
Area / Locality / Taluka/ Sub- Division _____
Town / City / District _____
State / Union Territory _____ Pincode _____

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

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