

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)

Table with 4 columns: Area code, AO type, Range code, AO No.

Sir,

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

Signature/Left Thumb Impression

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

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

Last Name / Surname, First Name, Middle Name grid

2 Abbreviations of the above name, as you would like it, to be printed on the PAN card

Grid for abbreviations of the name

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, [checked] as applicable [ ] Shri [ ] Smt. [ ] Kumari [ ] M/s

Last Name / Surname, First Name, Middle Name grid

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 grid

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname, First Name, Middle Name grid

7 Address

Residence Address

Residence Address fields: 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

Office Address fields: 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.)**

**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

<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 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	<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.

[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

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