

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)

For AFICIONADO INNOVATIONS PVT. LTD.
 DIRECTOR

For AFICIONADO INNOVATIONS PVT. LTD.
 DIRECTOR

Assessing officer (AO code)

Area code	AO type	Range code	AO No.

Sign/ left thumb impression across this photo

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

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

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 For AFICIONADO INNOVATIONS PVT. LTD.

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

Date


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