

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]

See Rule 114

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)

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to affix recent  
photograph  
(3.5 cm x 2.5 cm)

Sign/ leftThumb impression across this  
photo

Signature/Left Thumb Impression

Assessing officer (AO code)

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:

1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/date of birth/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 Details of Parents (applicable only for individual applicants)

Father's Name (Mandatory. Even married women should fill in father's name only)

Last Name / Surname

First Name

Middle Name

Mother's Name (optional)

Last Name / Surname

First Name

Middle Name

Select the name of either father or mother which you may like to be printed on PAN card (Select one only)

(In case no option is provided then PAN card will be issued with father's name)

Father's name  Mother's name (Please tick as applicable)

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   
  Government  
 Trusts   
  Body of Individuals   
  Local Authority   
  Artificial Juridical Persons   
  Association of Persons  
 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

Salary   
  Capital Gains  
 Income from Business / Profession   
 Business/Profession code  [For Code: Refer instructions]   
  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,

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]

**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)