

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. |
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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

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| <b>Last Name / Surname</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b>         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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**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

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| <b>Last Name / Surname</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b>         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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)

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| <b>Last Name / Surname</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First Name</b>          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Middle Name</b>         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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

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State / Union Territory

Pincode / Zip code

Country Name

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**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

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State / Union Territory

Pincode / Zip code

Country Name

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**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 Please mention your AADHAAR number (if allotted)**

**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 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

|                            |  |
|----------------------------|--|
| <b>Last Name / Surname</b> | <input style="width: 540px;" type="text"/> |
| <b>First Name</b>          | <input style="width: 540px;" type="text"/> |
| <b>Middle Name</b>         | <input style="width: 540px;" type="text"/> |

**Address**

|   |  |
|---|--|
| Flat/Room/ Door / Block No.             | <input style="width: 540px;" type="text"/> |
| Name of Premises/ Building/ Village     | <input style="width: 540px;" type="text"/> |
| Road/Street/ Lane/Post Office           | <input style="width: 540px;" type="text"/> |
| Area / Locality / Taluka/ Sub- Division | <input style="width: 540px;" type="text"/> |
| Town / City / District                  | <input style="width: 540px;" type="text"/> |
| State / Union Territory                 | <input style="width: 540px;" type="text"/> |
| Pincode                                 | <input style="width: 100px;" type="text"/> |

**15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth**

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

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