

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/ leftThumb impression across
this photo

Assessing officer (AO code)

Table with columns: 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, [X] as applicable, [ ] Shri, [ ] Smt., [ ] Kumari, [ ] M/s

Grid for name entry: Last Name / Surname, First Name, Middle Name

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

Grid for name abbreviations

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

Grid for other name entry: 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 input fields

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

Grid for father's name entry: Last Name / Surname, First Name, Middle Name

7 Address

Residence Address

Form for residence address: Flat/Room/Door/Block No., Name of Premises, Road/Street, Area, Town/City/District, State, Pincode, Country Name

Office Address

Form for office address: Name of office, Flat/Room/Door/Block No., Name of Premises, Road/Street, Area, Town/City/District, State, Pincode, 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 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

Last Name / Surname

First Name

Middle Name

**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), 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

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