

### 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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**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.

Sign / Left Thumb impression across this photo

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/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 Abbreviations 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     Transgender    (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 person, who is required to quote Aadhaar number or the Enrolment ID of Aadhaar application form as per section 139 AA**

Please mention your AADHAAR number (if allotted)

If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form

Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

**13 Source of Income** Please select,  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), Proof of Address (POA) and Proof of Date of Birth (POB)**

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] [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)
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