

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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'Individuals'
to affix recent
photograph
(3.5 cm x
2.5 cm)

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)

Whether mother is a single parent and you wish to apply for PAN by furnishing the name of your mother only?

☐ Yes ☐ No (please tick as applicable)

If yes, please fill in mother's name in the appropriate space provide below.

Father's Name (Mandatory except where mother is a single parent and PAN is applied by furnishing the name of mother only)

Last Name / Surname

First Name

Middle Name

Mother's Name (optional except where mother is a single parent and PAN is applied by furnishing the name of mother only)

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)

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

(In case no option is provided then PAN card will be issued with father's name except where mother is a single parent and you wish to apply for PAN by furnishing name of the mother only).

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 | <input type="checkbox"/> Residence <input type="checkbox"/> 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, <input checked="" type="checkbox"/> 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 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) <input type="text"/> | |
| 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, <input checked="" type="checkbox"/> as applicable | |
| <input type="checkbox"/> Salary | <input type="checkbox"/> Capital Gains |
| <input type="checkbox"/> Income from Business / Profession Business/Profession code [For Code: Refer instructions] | <input type="checkbox"/> Income from Other sources |
| <input type="checkbox"/> Income from House property | <input type="checkbox"/> 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, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> 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 : | |
| | Signature / Left Thumb Impression of Applicant (inside the box) |