

Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)	<h3 style="margin: 0;">Form No. 49A</h3> <h4 style="margin: 0;">Application for Allotment of Permanent Account Number</h4> <p style="margin: 0;"><b>[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/ Unincorporated entities formed in India]</b></p> <p style="margin: 0;"><b>See Rule 114</b></p> <p style="margin: 0;">To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form</p> <p style="margin: 0;"><b>Assessing officer (AO code)</b></p> <table border="1" style="margin: 0 auto; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Area code</th> <th colspan="2">AO type</th> <th colspan="2">Range code</th> <th colspan="2">AO No.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">4</td><td style="text-align: center;">4</td> <td style="text-align: center;">T</td><td style="text-align: center;">E</td> <td style="text-align: center;">7</td><td style="text-align: center;"></td> <td style="text-align: center;">4</td><td style="text-align: center;">5</td> </tr> </tbody> </table>	Area code		AO type		Range code		AO No.		4	4	T	E	7		4	5	Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)
Area code		AO type		Range code		AO No.												
4	4	T	E	7		4	5											
Sign / Left Thumb impression across this photo		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/date of birth/address documents: initials are not permitted)**

Please select title as applicable  Shir  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  Shir  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**  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 title  as applicable INDIVIDUAL  ASSOCIATION OF PERSONS  BODY OF INDIVIDUALS  TRUST  LIMITED LIABILITY PARTNERSHIP  FIRM  
 GOVERNMENT  HINDU UNDIVIDED FAMILY  ARTIFICIAL JURIDICAL PERSON  LOCAL AUTHORITY**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 title 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  Shir  Smt  Kumari  M/sLast Name / Surname First Name Middle Name **Address**Flat / Room / Door / Block No. Road / Street / Lane/Post Office Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory  Pincode / Zip code **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 &amp; Annexure C are to be used wherever applicable]

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

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