

Town / City / District

येथे कुपन नंबर लिहावा XYZ

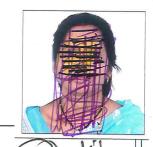
in the case of mutan Crizens/mutan Companies/Entitles incorporated in inuta/
Unincorporated entities formed in India]

See Rule 114

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Assessing officer (AO code)

Area code		de	AO type	Range code		AO No.
X	y	2	X	X	X	X



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 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted) ✓ Smt. Please select title,

√ | as applicable Shri Kumari Last Name / Surname IT First Name Middle Name Abbreviations of the above name, as you would like it, to be printed on the PAN card P E 5 H A 7 I V No Have you ever been known by any other name? Yes (please tick as applicable) If yes, please give that other name Please select title, √ as applicable Smt. Kumari M/s Last Name / Surname First Name Middle Name Female Gender (for Individual applicants only) Male (please tick as applicable) Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons Day Month Year 0 2 1 9 9 8 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) Address Residence Address Flat / Room / Door / Block No. NAG AR Name of Premises / Building / Village RO Road / Street / Lane/Post Office U. N Area / Locality / Taluka/ Sub- Division Town / City / District State / Union Territory Pincode / Zip code Country Name MAHARASHTRA 0 8 **INDIA** 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

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	Country code Area/STD Code	79	Telephone / Mobile number	
F		7 7		
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	of applicant e select status, as applicable	1	7 7 .3	Government
	1:1:001		—	
	ndividual Hindu undivided family	Company	Partnership Firm	Association of Persons
	rusts Body of Individuals	Local Aut	hority Artificial Juridical Person	ns Limited Liability Partnership
11 Regis	tration Number (for company, firms, LLPs e	etc.)		
101-0		lhaan numban/T	ha Englished Dat Andheau application	form as nor coefficien 12000
	e of a person, who is required to quote Aad mention your AADHAAR number (if allotted)	maar numben i		ed adharcard no
2	HAAR number is not allotted, please mention t	he enrolment ID	100	sa adriar sara no
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Name	as per AADHAAR letter/card or as per the Enro	olment ID of Aad	haar application form	
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illed name	as per adharcard —			
13 Sou	rce of Income			Please select, as applicable
Sala	ry		<u>* </u>	Capital Gains
Inco	rne from Business / Profession Business/F	Profession code	[For Code: Refer instructions]	Income from Other sources
Inco	rie from House property			No income
14 Repres	sentative Assessee (RA)			
	ame, address of the Representative Assessee	, who is assessi	ble under the Income Tax Act in respect of	the person, whose particulars have
been	given in the column 1-13.		· ·	
Full N	ame (Full expanded name : initials are not	permitted)		07 12 199
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PROOF

ADDRESS

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BIRTH

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