



## 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

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)



## Assessing officer (AO code)

Sign/ Left Thumb impression across this photo

AREA CODE	AO TYPE	Range Code	AO NO
CHE	W	146	21

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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 of Applicant (inside the box)

## 1. Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, as applicable

 Shri  Smt  Kumari  M/S

Last Name/Surname

ZENVY TECHNOLOGIES

First Name

Middle Name

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

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## 3. Have you ever been known by other name?

If yes, please give that other name

 Yes  No

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

## 5. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or association of Persons

Day Month Year

23/01/2007

## 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?  
(please tick as applicable)

Yes

No

If yes, please fill in mother's name in the appropriate space provided 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)

(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)

(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 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-

Town / City / District

State / Union Territory

Pincode / Zip code

Country Name

## Office Address

Name of office

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Flat / Room / Door / Block No.

1/80

Name of Premises / Building / Village

Road / Street / Lane/Post Office

KIZHI STREET

Area / Locality / Taluka/ Sub-Division

KALASAPPAKKAM

Town / City / District

TIRUVANNAMALAI

State / Union Territory

Pincode / Zip code

Country Name

TAMIL NADU

606751

INDIA

**8. Address for Communication**  **Residence**  **Office** Please tick as applicable

**9. Telephone Number & Email ID details**

Country code

Area/STD Code

Telephone / Mobile number

91

8300773569

Email ID

ZENVY TECHNOLOGIES@GMAIL.COM

**10. Status of applicant**

Please select status, if 1/4 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 of Aadhaar application form as per section 139AA**

Please mention your AADHAAR number (if allotted)

Name as per AADHAAR letter/card of Aadhaar application

**13. Source of Income** Salary

Business/Profession

12

[For Code: Refer instructions]

 Capital Gains Income from Business / Income from Other sources Income from House property No income**14. Representative Assessee (RA)**

Full name, address of the Representative Assessee, who is assessible 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 /

Road / Street / Lane/Post Office

Area / Locality / Taluka/ Sub- Division

Town / City / District

State / Union Territory

Pincode

Country Name

**15. Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (DOB)**

I/We have enclosed

Partnership Deed

as proof of identity

Partnership Deed

as proof of address and

[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

SHANMUGANATHAN S

the applicant, in the capacity of

Partner

do hereby declare that what is stated above is true to the best of my/our information and belief.

Place

TIRUVANNAMALAI

DD MM YYYY

Date

06/01/2026

Signature / Left Thumb Impression of