

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:

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

Signature / Left Thumb impression

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																																																											
+ 9 1																																																																							
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)																																																																							
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"/> Income from Business / Profession										Business/Profession code										[For Code: Refer instructions]										<input type="checkbox"/> Capital Gains																																							
<input type="checkbox"/> Income from House property																																<input checked="" type="checkbox"/> Income from Other sources																																							
																																<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																																							
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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 :		<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> D D M M Y Y Y Y </div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> </div>																																																																					
		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Signature / Left Thumb Impression of Applicant (inside the box) </div>																																																																					