Application Number:																													
		ment	nent Reference:													Inward Number Bar Code								)					
	0048734	ayment Date:																											
-	ication Source:																Application Date:												
User Id: User Name:																													
Form No. 40A																													
Form No. 49A Application for Allotment of Permanent Account Number																													
[In the case of Indian Citizens/ Indian Companies/ Enti-															orpo	orate	ed in	n In	dia	1									
								See	Rule	114														-					
		l mistake				e acco	ompa	nying	instru	ction	s and	exan	nples	befo	re fillir	ng up	the fo	rm						1		Ĭ			
		fficer		2	200	Range code AO No.																							
V		Area	code		AO type			+	F	Rang	ge c	ode		+	A	O No	о.	4_							2		0		
Signa	ture/Left thumb impression across this photo															_		4											
Sir	I/We hereby request that	a Perm	anen	t Acco	unt Ni	ımbe	er be	allo	otted	to n	ne/u	S																	
111111111111111111111111111111111111111	e give below necessary p			1 7000	arit ive	111100	JI DC	anc	ntou	10 11	iio/u	3.						L			Sie	anatu	re/Lef	ft Thui	mb Im	npres	sion	_	
1	Full Name (Full expand	ed nam	e to	be me	ntion	ed a	is ap	appearing in			proof of ider				y/ac	ddre	ss c	docu	Signature/Left Thumb Impression ocuments: initials are not permitted)										
	Please select title, 🗸 a	s applic	able	L	Shri			_	Smt.		Kumar		ri			M/s													
	Last Name / Surname			_	_																							_	
	First Name			-	-										r I					_								⊣	
_	Middle Name	L		14 10								ANI																	
2 Abbreviations of the above name, as you would like it, to be printed on the PAN card														1															
3	Have you ever been known by any other name? Yes No (please tick as applicable)																												
	If yes, please give that other	300																											
		Please select title, 🗸 as applicable							Shri Smt. Kumari M/s																				
	Last Name / Surname	F	-						_																	_			
First Name Middle Name				F	+						_																$\vdash$	$\dashv$	
4	Gender (for Individual a	_ nlv)	-	_		Male				Female				Transgende					er (please tick as appl						lical	اماد	1		
1100								_	l.		ı		1 6	illait		Day	_		lonth Ionth		21	(65)	Year		as	app	iicak	ne)	
5	Date of Birth/Incorporat Formation of Body of in					- 10				eed/																			
6	Details of Parents (applie Whether mother is a single									furni	shin	a th	e na	me (	of vo	our r	noth	er or	nlv?	Yes		7 N	٦	<b>7</b> (p	leas	e tic	k as	ann'	licable)
	If yes, please fill in mother	's name	in th	e appr	opriate	e spa	ace p	orov	ided	belo	W.										_	_	_	<b>」</b> "			K GO	чрр.	ioubio)
	Fathers's Name (Mandat Last Name / Surname	tory exc	cept \	wnere	moth	er is	a sı	ngie	par	ent	and	PAI	N IS	appi	ilea	ру т	urni	snın	ig th	e na	ame	OT I	notr	ner o	niy)				
	First Name			Ē																									
	Middle Name				1																					Ţ			
	Mothers's Name (option Last Name / Surname	nai exce	ept w	nere ı	nothe	eris	a sıı	ngle	par	ent	and	PAI	N IS	арр	liec	l by	turr	nishi	ng t	ne i	nam	ne of	mo	ther	oni	у)			
	First Name	F																								$\exists$	!		
	Middle Name			Ī																									
	Select the name of either																		a sir	nale	nar	ent	and	VOLL	wish	n to	appl	√ for	
	(In case no option is provided then PAN card will be issued with father's name except where mother PAN by furnishing name of the mother only)  Father's name  Mother's Name  (Please tie															-				,									
7	Address Residence Address																												
	Flat / Room / Door / Block	-	1								_														$\vdash$	$\dashv$	į.		
	Name of Premises / Buildin Road / Street / Lane/Post	Ē																								ੂ			
	Area / Locality / Taluka/ Su		-																										
	Town / City / District State / Union Territory		Pincode / Zip code Country No									Na	ame																
																			( si y	- 10		(							
	Office Address Name of office	3			Ė				_											Г	1					$\neg$			
																								$\Box$	$\exists$				
	Flat / Room / Door / Block Name of Premises / Buildi		age																										
	Road / Street / Lane/Post																												

	Area / Locality / Taluka/ Sub- Division										Т			П			Ī	Т							Т	1					
			Sub- Divis	ion	-	+	+		+	+	+			Ħ				$\dashv$	+	_			_		$\forall$	+	_				
	Town / City / District																														
8	Address for Communication Res											sidence Office									(Please tick as applicable)										
9	Telephone	Number &	Email ID	detai	ls			-							_	_									TO TO 100	ne ee					
		Country co	de	Area/s	STD	Code	9		_		Te	eleph	one	/ Mc	bile	nui	nber				_										
									L																						
	Email ID						111		-					- 10								]									
10	Status of ap	plicant																													
	Please select status, 🗸 as applicable																					Γ		Gove	ernm	ent					
	In all viole			dii	idad	famil	le.	П	Com						100	ete a	rabin	- Circ				F	Ξ,	۸	alati		f Da				
														rship					Association of Persons												
	Trusts Body of Individuals Local Authority Artificial Juridical Persons Limited Liability Partners  Registration Number (for company, firms, LLPs etc.)													artr	ership																
11																															
	12 In Case of a person, who is required to quote Aadhaar number/The Enrolment ID of Aadhaar application form as per section 139AA																														
Please mention your AADHAAR number (if allotted)																															
	If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form																														
	Name as pe	- ^ ^ D L ^ ^ 1	D lottor/or	rd or c	20.00	r tho	Enro	lmont	ID o	fΛac	than	rann	lica	tion f	form				_												
	Marile as pe	I AADIIAAI	\ letter/ca		as pe	line	LIIIO	iiiieiii		Hac	ınaaı	арр	IICa	luon			T	-91	1	Ť						Ť					
				F	+		+	+	$\vdash$	$\dashv$	+	+	$\pm$	+	+	+	+	+	+	+	+	+	+	+	+	+	-				
				-	+		+	+	$\vdash$		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+					
									_			-											_			7					
13	Source of	f Income										1									F	$\neg$		elec		_	as a	pplic	cable		
느	Salary Income from House property No income Capital Gains																														
L		om Busines			В	usine	ess/P	rofess	sion o	code			[	For C	Code	e: R	efer	instr	ucti	ons]	L		Inco	ome	from	Oth	ner s	our	ces		
14	Representa Full name,				tive A	2000	992	who i	200	eeei	hle i	ınder	the	Inco	nme	Tay	Act	in re	ene	ct o	f the	ner	eon	wh	088	nart	iculs	are h	ave		
	been given			Scrita	uver	13363	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WIIO	3 433	00001	DIG U	indei	tile	ince	Jilie	iax	ACL	11116	spe	GI U	i tire	, pei	3011	, , , , , ,	030	part	icuic	1131	lave		
	Full Name (Full expanded name : initials are not permitted)																														
	Please select title, 🗸 as applicable Shri Sm									nt.	Kumari M/s																				
	Last Name	/ Surname																													
	First Name																														
	Middle Name																														
	Address																														
	Flat / Room	/ Door / Bl	ock No.							_				1_																	
	Name of Pr	emises / Bu	uilding / V	illage									L	<u> </u>																	
	Road / Stre	et / Lane/P	ost Office		L		1			1																					
	Area / Loca	lity / Taluka	/ Sub- Di	vision	L					_		1				L															
	Town / City	/ District			Ļ																				$\perp$						
	State / Unio					aw nine	400 000		AVAIS VOLUM	CON		e ar a et le k		27.252	-	22125									Pin	code	е				
15	Documents	submitted	l as Proo	f of Id	entity	y (PC	OI), P	roof o	of Ad	dres	s (P	OA)	and	Pro	of o	of Da	ate o	f Bi	rth	DO	B)										
	I/We have e	enclosed								as p	oroof	of id	ent	ity,																	
	as proof of	address an	d									as pr	oof	of da	ate c	of bir	th.														
	[Please refe		246	(as sp	ecifie	d in	Rule	114 o	f I.T.	Rule	es. 1	962)	for	list o	of ma	anda	itory	cert	ified	doc	cume	ents	to b	e su	ıbmit	ted	as a	ilaar	cable1		
	[Annexure A												101	1100 0		arrac	itory	0011	illou	uoc	Zuiii	onto	10 0	,0 00		iou	uo c	,pp.	oabicj		
16		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1				the	0.000	vacit	v of															
10	do hereby declare that what is stated above is true to the best of my/our information and belief.																														
Place :																															
		D D I	м м ү	Υ	YY	,																									
	Date :								-		Sign	atu	re / L	eft T	Thur	nh Ir	nnro	ssin	n of	- Δ	nnlic	ant	(inei	de th	ne h	OX)		_			
											-igii	utul	. U / L	OIL I	· · · · ·	11	· Pic	2010	01	- 23	Philo	set It	/	au II	0	-1					





# ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

# ಭಾರತ ಸರ್ಕಾರ

## Unique Identification Authority of India Government of India

Enrolment No.: XXXX/XXXXX/XXXXX

To Suzane Fernandes D/O: Steven Fernandes #11/29 Santacruz 18th Cross 20th Main 5th Phase J P Nagar Bangalore South Bangalore Karnataka-560078



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

3449 2963 3321

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



Generation Date: 02/10/2014

ಭಾರತ ಸರ್ಕಾರ Government of India



Suzane Fernandes ಜನ್ನ ದಿನಾಂಕ/DOB: 03/11/2002 ಸ್ತಿ/ FEMALE



ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು







#### सूचना

- आधार पहचान का प्रमाण है, नागरिकता का नहीं |
- पहचान का प्रमाण ऑनलाइन ऑथेन्टिकेशन द्वारा प्राप्त करें ।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है |

### **INFORMATION**

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.
- ಆಧಾರ್ ದೇಶದಾದ್ಯಂತ ಮಾನ್ಯತೆಯನ್ನು ಪಡೆದಿದೆ.
- ಭವಿಷ್ಯದಲ್ಲಿ, ಸರ್ಕಾರಿ ಹಾಗೂ ಸರ್ಕಾರೇತರ ಸೇವೆಗಳನ್ನು ಪಡೆಯಲು ಆಧಾರ್ ನಿಮಗೆ ಸಹಾಯಕವಾಗಲಿದೆ.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India

### **Address**

D/O: Steven Fernandes, #11/29 Santacruz, 18th Cross 20th Main, 5th Phase J P Nagar, Bangalore South, Bangalore, Karnataka, 560078

3449 2963 3321

1947

www.uidai.gov.i