

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:

Signature / Left Thumb Impression

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
☐ 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

8Address for Communication

Residence

Office

(Please tick as applicable)

9Telephone Number & Email ID details

Country code

Area/STD Code

Telephone / Mobile number

Email ID

10Status of applicant

Please select status,

as applicable

Individual

Hindu undivided family

Company

Partnership Firm

Government

Trusts

Body of Individuals

Local Authority

Artificial Juridical Persons

Limited Liability Partnership

Association of Persons

11Registration Number (for company, firms, LLPs etc.)

12In 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 formName as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form

13Source of Income

Salary

Income from Business / ProfessionBusiness/Profession code[For Code: Refer instructions]

Income from House property

Capital Gains

Income from Other sources

No income

Please select,

as applicable

14Representative 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

Shri

Smt.

Kumari

M/s

Last Name / Surname

First Name

Middle Name

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

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

I/We have enclosedas 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]

16I/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

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