

Application for Allotment of Permanent Account Number
[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/
Unincorporated entities formed in India]

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)

Area code			AO type		Range code			AO No.	

Signature / Left Thumb Impression

I/We give below necessary particulars:

Middle Name

[illegible]

Middle Name

Day		Month		Year			

Country Name

[illegible]

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
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"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority
	<input type="checkbox"/> Partnership Firm	<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"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	Business/Profession code [For Code: Refer instructions]	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property		<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		
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	
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 :	D D M M Y Y Y Y	
		Signature / Left Thumb Impression of Applicant (inside the box)