Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)

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]

Under section 139A of the Income Tax Act, 1961

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)

Sign/Left Thumb impression

Assessing officer (AO code) Area Code Range Code AO Type AO No.

across this photo									L										S	ignatu	ıre/Lef	t Thur	nb Im	press	ion
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/address documents: initials are not permitted)																									
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	appli	icable	?	Shi	ri			Sm	ıt.			Ku	mari				M/s	;							
Last Name / Surname																									
First Name																									
Middle Name																									
2 Abbreviation of the abo	ve na	me, a	s you	woul	d lik	e it, t	to be	pri	inted	on t	he F	PAN	card	d											
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	appli	icable	,	Shi	ri			Sm	ıt.	ſ		Ku	mari				M/s	3							
Last Name / Surname																	1								1
First Name																					 				-
Middle Name																									
4 Gender (for Individual a	pplica	ants o	nly)				Mal	e		Fem	ale					(Pi	lease	tick	as a	ippli	cable	2)			
5 Date of Birth/Incorpora	tion/	Agree	ement	/Parti	nersl	hip o	r Trı	ust	Deed	/ Foi	ma	tion	of B	ody	of i	ndivi	idua	ls or	Ass	ocia	tion	of Po	erso	ns	
Day Month			Year			•																			
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6 Father's Name (Only 'In	dividi	ual' ap	pplica	nts: E	even i	marr	ied v	vom	ien sh	ould	fill	in fo	ither	's na	me o	only))								
Last Name / Surname																									
First Name																									
Middle Name																									
7 Address																									
Residence Address																									
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Name of Premises/Buildi	-	illage																							
Road/Street/Lane/Post O									\bot												\perp		<u> </u>	<u> </u>	
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Office Address Name of office									\neg	I		1									\top	T	T	$\overline{}$	
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Town / City / District																									
State / Union Territory Pincode / Zip code Country Name																									

8 Address for Communication Residence						Office						(Please tick as applicable)								
9 Telephone Numb	er & Email ID	details																		
	Country Code	Area/S	STD Coo	de				Telepl	none /	Mobile	Nun	nber								٦
Email ID	-4																			
10 Status of applicar														г		,				
Please select statu									_					Ļ	(iovei	nmer	ıt		
Individual																				
Trusts Body of Individuals Local Authority Artificial Juridical Person Limited Liability Partnership											ership									
11 Registration Number (for company, firms, LLPs, etc.)																				
]
12 In case of a citize	n of India, then	1																		
Please mention yo	ur AADHAAR	numbe	r (if all	otted)																
13 Source of Income	:									Ple	ease	sele	ect st	atus,	I a	s apj	plica	ble		
Salary														Γ	C	Capita	al Ga	ins		
Income from Business/Profession Business/Profession Code [For Code: Refer instructions] Income from Other sources																				
Income from H	Income from House Property No Income																			
14 Representative A																				
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 e	expanded name	: initia	ls are 1	not pe	rmitt	ed)														
Please select title,	☑ as applical	ble	Shr	i		Sn	nt.		Kı	umari				M/s						
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State / Union Terri	itory					Pinc	ode / Z	Zip co	de											
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15 Documents submi		f Ident	ity(PO	I) and	d Pro	of of A	Addro	_					_							
I/We have enclose as proof of address								as p	roof (of ident	ity a	and								
[Please refer to the in		ecified in	n Rule 1	114 of	I.T. Rı	ıles, 1	962) fo	or list c	f man	datory c	ertif	ied d	locum	ents t	o be s	ubm	itted	as app	licable	:]
16 I/We								, the	applic	ant, in	the	capa	acity	of						
do hereby declare	that what is stat	ed abov	ve is tru	ue to t	he bes	st of n	ny/ou	4				_	,	L						
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Place																				
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Date									Signature / Left Thumb impression of Applicant (inside the box)											