## 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]

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)

Assessing	officer	(AO	code)
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Sign / Left Thumb impression across this photo																										
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2	Abbreviations of the above name, as y	ou v	vou	ld li	ke i	it, to	be	orin	ted	on 1	the F	PAN	car	ď												
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3	Have you ever been known by any other	er na	ame	?	,		Ye	s		Ė	No	<b>)</b>							(ple	ase	ticl	k as	app	olica	able	)
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4	Gender (for Individual applicants only)	)		N	/lale	9		F	ema	ale			Tra	ansg	end	ler			(ple	ase	ticl	k as	app	lica	able	)
5	Date of Birth/Incorporation/Agreement	/Par	tne	rshi	ро	r Tru	st D	eed	/ Fo	rma	atior	ı of	Boo	dy of	finc	livic	lual	s or	Ass	oci	atio	n of	Per	sor	ıs	
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6	Details of Parents (applicable only for	indiv	vidu	ıal a	рр	lican	ts)																			
	Whether mother is a single parent and yo	u wi	sh t	о ар	ply	for F	PAN	by fu	urnis	shin	g the	e na	me	of yo	ur r	noth	er o	nly?								
	Yes No (please tick as applicate	ole)																								
	If yes, please fill in mother's name in the		•		•																_					
	Father's Name (Mandatory except whe	re m	noth	er is	s a	sing	le p	arer 	nt ar	na F	AN	ıs a∣ ⊤	ppII	ea b	y fu	ırnıs	snın	g tn	e na ⊺	ıme	Of r	notr	ner (	oniy	/) 	
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Trusts Body of Individuals coal Authority Artificial Juridical Persons 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  Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form  Salary  Income from Business / Profession Income from House property  14 Representative Assessee (RA)  Full name, address of the Representative Assessee, who is assessible 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 (V) as applicable Last Name / Sumanne  First Name Middle Name  Address  Flat / Room / Door / Block No. Name of Premises / Building / Village Road / Street / Lane/Post Office Area / Locality / Talluka/ 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 Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1862) or list of mandatory certified documents to be submitted as applicable   Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1862) or list of mandatory certified documents to be submitted as applicable   Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1862) or list of mandatory certified documents to be submitted as applicable   Please refer to the instructions (as specified in Rule 114 of I.T. Rules, 1862) or list of mandatory certified documents to be submitted as applicable   Please refer to the instructions			fami ا	1,,		ا رم	๛กอเ	~\/			Γ	٦,	Dort	nor <sup>د</sup>	ohir	· ⊏ir	~			F	=					ren	20
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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 address and 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:  D D M M Y Y Y Y  Signature / Left Thumb Impression of		Salary Income from Business / Profession Income from House property  Representative Assessee (RA)  Full name, address of the Representative been given in the column 1-13.  Full Name (Full expanded name: initials Please select title,  as applicable Last Name / Surname First Name Middle Name  Address	Asses	ssee,	who	is a	isses d)	sible	e un	7	he Ir			Tax	Act				]		Car Inco No	oital ome inco	Gai fror me	ns m Ot	her s	sour	rces
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