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OFFICE APPLICATION

Agent Code	AGENT NAME _____	
	SHOP NAME & ADDRESS _____	

NAME TO BE PRINTED ON CARD		
EXPANDED INTIALS		
FATHER NAME		
EXPANDED INTIALS		
RESIDENCIAL ADDRESS (Pin Code Must)	_____	

	CITY _____	STATE _____ PIN CODE _____
DATE OF BIRTH		
MOBILE NO.		
PAN NO.		
WHERE PAN CARD TO BE DELIVERED?	RESIDENCIAL ADDRESS <input type="checkbox"/>	OFFICE ADDRESS <input type="checkbox"/>
OFFICE ADDRESS (If you want pan card to be delivered to office, Pin code must)	_____	

	CITY _____	STATE _____ PIN CODE _____

WRITEN BY	
CHECKED BY	
PUNCHED BY	

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)

Only '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

Signature / Left Thumb Impression

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/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

Verification Certificate

(Certificate under provisions of rule 114(4) of Income Tax Rules 1962)

(Affix same
photograph as
affixed on PAN
application form)

I hereby certify that I know Sh./Smt./Kum.....

Son/Daughter of

And whose personal particulars as given below are correct to the best of my knowledge & belief
/recommend issue of pan card by Income Tax Department to him/her.

NAME	
FATHER NAME <small>(Even in case of married ladies father's name is to be provided)</small>	
DATE OF BIRTH	
Residence Address <small>(If applicant has resided at more than one place during last one year than all such address with dates should be mentioned)</small>	
OFFICE ADDRESS	
Previous Name <small>(In case of change in name)</small>	
Father Name <small>(In case of change in name)</small>	

Details of issuer of certificate -

Full Name:

Designation:

Department/Organization:

Office address with location:

Identity Card No.:

Telephone/Mobile No.

Date

(Signature)

Place

Office Seal