

Form No. 49AA

**Application for Allotment of Permanent Account Number**  
**[Individuals not being a Citizen of India/Entities incorporated outside India/  
 Unincorporated entities formed outside 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)

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

Sign/ Left Thumb impression across  
this photo

Signature/Left Thumb Impression

**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.

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)**

Please select title,  as applicable  Shri/Mr  Smt/Mrs  Kumari/Ms  M/s

Last Name / Surname 



  
 First Name 



  
 Middle Name

**2 Abbreviation 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/Mr  Smt/Mrs  Kumari/Ms  M/s

Last Name / Surname 



  
 First Name 



  
 Middle Name

**4 Gender (for Individual applicants only)**  Male  Female (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 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)**

Last Name / Surname 



  
 First Name 



  
 Middle Name

**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

**8 Address for Communication**

Residence

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,  as applicable

Individual

Hindu undivided family

Company

Partnership Firm

Government

Association of Persons

Trusts

Body of Individuals

Local Authority

Artificial Juridical Persons

Limited Liability Partnership

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

**12. Country of Citizenship**

ISD Code of the Country of Citizenship

**13 Source of Income**

Please select status,  as applicable

Salary

Income from Business / Profession

Business/Profession code

[For Code: Refer instructions]

Income from House property

Capital Gains

Income from Other sources

No income

**14 Representative or Agent of the Applicant in India**

Full name, address of the Representative or Agent

Full Name (Full expanded name: initials are not permitted)

Please select title,  as applicable

Shri/Mr

Smt/Mrs

Kumari/Ms

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 / Zip code

**15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)**

I/We have enclosed  as proof of identity,  as proof of address, and  as mandatory certified documents

[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]

**16 KYC details\* [To be filled in by Foreign Institutional Investor or a Qualified Foreign Investor, as prescribed under the regulations issued by the Securities and Exchange Board of India (SEBI)]**

[ "Control" as defined under SEBI (Substantial Acquisition of Shares and Takeovers) Regulations,1997

"Beneficial owner" as defined in the para 5.1 of SEBI circular dated December 31, 2010 on Anti Money Laundering.]

**(a) In case of Individuals**

Please select  as applicable

Marital Status

Single

Married

Divorced

Widow/Widower

Citizenship Status

I Foreigner

P Person of Indian origin

O Overseas citizen of India

In case of Foreigner, country of Citizenship

Occupation details

Private sector service

Public sector/Govt. service

Business

Professional

Agriculturist  Retired  Housewife  Student  Others

**(b) In case of non individuals**

Please select  as applicable

R Private Company  U Public Company  D Body Corporate  
 S Financial Institution  N Non Government Organization  C Charitable Organization

**(c) Gross Annual Income - INR**

**Netwoth (Assets less liabilities) in INR**

**(d) In case of a Public Company, whether listed on a stock exchange**

Yes  No

Please select  as applicable

If yes, then indicate name of the stock exchange

**(e) In case of Non-individuals**

Does it have few persons or persons of the same family holding beneficial ownership and control.

Yes  No Please select  as applicable

["Control" :Control shall include the right to appoint majority of the directors or to control the management or policy decisions exercisable by a person or persons acting individually or in concert, directly or indirectly, including by virtue of their shareholding or management rights or shareholders agreements or voting agreements or in any other manner.

"Beneficial owner" means the natural person who ultimately owns or controls the applicant and/or the person on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a juridical person]

**(f) Is the entity involved / providing any of the following services**

Please select  as applicable

Foreign exchange, Money Changer Services  Yes  No  
 Gaming/Gambling/Lottery services (Casinos and Betting Syndicates)  Yes  No  
 Money Lending, Pawning  Yes  No

**(g) Whether the applicant or the applicant's authorised signatories/trustees/office bearers is**

(i) a politically exposed person  Yes  No  
 (ii) related to a politically exposed person  Yes  No

[For definition of politically exposed person refer to guidelines issued under the Prevention of Money Laundering Act (PMLA)]

**(h) Taxpayer identification Number in the country of residence**

17 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)