

FORM NO. 49A

**Form of application for allotment of Permanent Account Number under section
139A of the Income-tax Act, 1961**

[To avoid mistake(s), please follow the accompanying instructions and examples carefully
before filling up of the form]

Please affix your
recent black and white
photograph
(3.5cm × 25 cm)
(in case of
Individuals only)

To
The Assessing Officer,

(Signature of the
applicant inside the
white box provided
above)

Sir,

Whereas my/our total income/the total income of _____ in respect of which I/we am/are are assessable under the Income-tax Act,
(name)
1961, during the accounting year ending on _____ exceeded rupees _____ the
D D M M Y Y Y Y
maximum amount which is not chargeable to income-tax;

Whereas my/our case does not fall under sub-section (1) of section 139, and I am/we are carrying on a business the total sales/turnover/gross receipts of which are or
is likely to exceed fifty thousand rupees in the accounting year ending on _____

D D M M Y Y Y Y

Whereas my/our case does not fall under sub-section(1) of section 139A, and I am/we are required to furnish a return of income under sub-section (4A) of section 139
for the accounting year ending on _____

D D M M Y Y Y Y

And whereas no Permanent Account Number has been allotted to me/us:

*Though earlier PAN had been allotted to me/us, no permanent account number under new series has been allotted;

*I/We hereby request that a permanent account number/permanent account number under new series by allotted to me/us.

I/We give below the necessary particulars:-

1. Full Name (no initials please) Please Write "Yes" as applicable Shri Smt. Kumari M/s
Last Name/Surname First Name

Middle Name

2. Have you ever been known by any other name? Please Write "Yes" as applicable Yes No
If yes, please give other name (no initials please) Please Write "Yes" as applicable Shri Smt. Kumari M/s
Last Name/Surname First Name

Middle Name

3. Address
A. Residential Address
Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

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B. Office Address

Name of office

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

4. Address for Communication

Please Write "Yes"

A or B

Tel. No. if any :

5. Status of the Applicant Please Write "Yes" as applicable (only one box)

Individual

 P

Firm

 F

Body of Individual

 B

Hindu Undivided Family

 H

Association of Persons

 A

Local Authority

 L

Company

 C

Association of Persons (Trusts)

 T

Artificial Juridical Person

 J

6. If an individual, please give father's name (No initials please)

Last Name/Surname

First Name

Middle Name

7. Sex (for Individual Applicant only)

Please Write "Yes" as applicable

Male M

Female F

8. Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals/Association of Persons

- -

9. Whether Citizen of India?

Please Write "Yes" as applicable

Yes Y

No. N

10. Registration number (in case of firms, companies, etc.)

11. Source(s) of Income

Please Write "Yes" as applicable

Salaries

House Property

Business or Profession

Capital gains

Income from other source(s)

12. Particulars of Business, if any

HEAD OFFICE

Name of Office

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

Nature of Business

Tax Deduction Account No., if any

Date of commencement

- -

No. of branches

D D M M Y Y Y Y

BRANCHES (If required, please add separate sheet, in the format given below, for each branch)

Name of Office

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

Nature of Business

Tax Deduction Account No., if any

Date of commencement

- -
D D M M Y Y Y Y

13. If Firm/Hindu Undivided Family/Association of Persons/Body of Individuals/Company, the names, address, etc., of Partners/ Members/Directors (for information about more persons, please add separate sheet(s) in the format given below)

DETAILS OF PARTNERS/MEMBERS/DIRECTORS

(a) Name of Partners/Members/Directors

(b) Full Name (no initials please)

Last Name/Surname

Please Write "Yes" as applicable

Shri

Smt.

Kumari

M/s

First Name

Middle Name

(c) Address

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

14. 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 Columns 1 to 13 (Please see Instruction No. 14)

Full Name (no initials please)

Please Write "Yes" as applicable Shri Smt. Kumari M/s

Last Name/Surname

First Name

Middle Name

Address

Flat/Door/Block No.

Name of Premises/Building/Village

Road/Street/Lane/Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District

State/Union Territory

Pin

15. (i) Permanent Account Number, if any, allotted earlier*

(ii) GIR No., if any, allotted earlier

(iii) Ward/Circle/Range

I/We,
the best of my/our information and belief.

, the applicant, do hereby declare that what is stated above is true to

Signature of the Applicant
(inside the white box
provided above)

Verified today, the - -
 D D M M Y Y Y Y

FOR OFFICE USE

1. Permanent Account Number allotted

2. Date of allotment of Permanent Account Numer - -
 D D M M Y Y Y Y

*Applicable in places notified by the Board under sub-section (4) of section 139A of the Income-tax Act, 1961

INSTRUCTIONS

1. This application form is for allotment of Permanent Account Number including Permanent Account Number under New Series.
2. Permanent Account Number under New Series is mandatory in the places notified by the Board under sub-section (4) of section 139A of the Income-tax Act, 1961.
3. The Income-tax Department is allotting Permanent Account Number (*New Series*) containing 10 characters which are required by law. These 10 character Permanent Account Number (*New Series*) replaces the earlier GIR Numbers/ Old Permanent Account Numbers. Till the Permanent Account Number (*New Series*) is intimated to you, you may continue to use the old number.
4. After allotment of the Permanent Account Number (*New Series*) use of new 10 character Permanent Account Number (*New Series*) only is mandatory.
5. If you have already applied for 10 character Permanent Account Number (*New series*) you need not apply afresh.
6. If you have already been allotted 10 character Permanent Account Number (*New Series*) please do not apply.

Instructions for filling up the application Form for Allotment of Permanent Account Number.

A. GENERAL

- (a) Application form must be typewritten or handwritten in black ink in BLOCK LETTERS in Full.
- (b) Please send two 3.5 cm × 2.5 cm sized recent black and white photographs of which one should be affixed on the form at the designated space and the other one should be attached with a paper clip.
- (c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation sign, etc.) leaving a box- blank after each word.
- (d) Please note that all communications here after will be sent at the residential address/office address as indicated by you in column 4 of this form.

B. HOW TO FILL THE APPLICATION FORM

- I. Name Name of the assessee should be written in full and not in abbreviated form. As an exception, very large Middle names may be abbreviated as in the example. While filling in name, please do not prefix it with Shri, Smt., Mrs., Kumari, Late, Major, Dr., etc. Please leave a blank box between any two parts of the name. Individuals having sole proprietorship concerns should provide their names in this item. Particulars of business must be provided in item 12.

2. Other Name In this column maiden name or any other name should be written in full, in expanded form in exactly the same way as in the examples.
3. Address Both residential and office addresses should be given in the specified format. PIN must be mentioned.
4. Address for Communication Write "Yes" the appropriate box and give the contact telephone number, if any.
5. Status of the Assessee Write "Yes" only one of the appropriate boxes.
6. Father's Name Father's name must be written in full in expanded form and exactly in the same way as in the case of Name at (1) above. *Husband's name is not required and should not be given.*
7. Sex Write "Yes" only one of the appropriate boxes.
8. Date of Birth/Incorporation/Partnership or Trust Deed, etc. Please give the date according to the following:
- | | |
|---------------------------------|--|
| Individual | Actual Date of Birth |
| Company | Date of incorporation |
| Association of Persons | Date of Formation/Creation |
| Association of Persons (Trusts) | Date of Trust Deed/Creation |
| Partnership Firm | Date of Partnership Deed |
| Hindu Undivided Family | (a) Date of Creation of HUF after partition |
| | (b) Date from which partition was accepted under section 171 of Income-tax Act, 1961. |
| | (c) Date on which individual property was thrown in common hotch-pot of HUF or impressed with the Status of HUF. |
| | (d) In case of very old HUF where date of creation is not available. "ANCESTRAL" should be written. |

(e) Date on which HUF is created.

Example : Write date 21-9-1956 as

2	1	-	0	9	-	1	9	9	6
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9. Whether Citizen of India

Write "Yes" only one of the appropriate boxes.

10. Registration Number

This is to be given in case of assesseees who are neither Individual nor HUF. according to following :

Company Registration Number issued by Registrar of Companies

Firm Registration Number issued by Registrar of Firms

Trust Registration Number issued by the Charity Commissioner or any other Competent Authority.

Co-operative
Society Registration Number issued by the Registrar of Co-operative Societies.

Others Registration Number issued under Societies Registration Act or any such authority.

11. Source(s) of income

Write "Yes" the appropriate boxes.

12. Particulars of Business,
if any

Add separate sheet(s) in the given format only, if required in case of more than one branch :

(a) Name and address should be given in exactly the same way as explained above at items 1 and 3, respectively.

(b) Nature of Business: Please indicate the nature of business.

(c) Tax Deduction Account Number (TAN), if any: Self-explanatory.

(d) Date of commencement:

Please indicate the date of commencement of business/branch in the format DD-MM-YYYY as explained in the example given at item 8 above.

(e) Number of branches, if any: Please give number of branches in figures only. For example 2 should be written as 0002 and 12 should be written as 0012.

13. *Details of Partners/Directors/
Members:*

Add separate sheet(s) in the given format only for information about more persons in the format specified in this column:

(a) Number of Partners/Directors/Members : Please give the number in figures only. For example, 2 should be written as 02 and 12 should be written as 12.

(b) Name and address should be given in exactly the same way as explained above at items 1 and 3.

14. This column should be filled in by representative-assessee only as specified in section 160 of the Income-tax Act, 1961, such as, an agent of the non-resident, guardian or manager of a minor, lunatic or idiot, Court of Wards, Administrator General, Official Trustee, receiver, manager, trustee of a Trust including Wakf. In such cases representative assessee can sign in place for the "signature of the assessee".
15. Persons, who are required to obtain Permanent Account Number under New Series in places notified by the Board under sub-section (4) of section 139A of the Income-tax Act 1961, may please write the Permanent Account Number, if any, allotted earlier. If no PAN has been allotted and/or GIR Number has been allotted please *write* the GIR Number allotted. Also write Ward/Circle/Range where assessed to tax or return of income was filed.

Signature of the applicant should be in English or in any of the Indian languages. Thumb impressions must be attested by a Gazetted Officer or by Magistrate/Notary Public under his/her office seal Signature/Thumb Impression should strictly be made in the white space provided.