

**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]**

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 × 2.5 cm)

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affix recent photograph  
(3.5 cm × 2.5 cm)

**Assessing officer (AO code)**

Sign / Left Thumb impression  
across this photo

Area code	AO type	Range code	AO No.

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/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 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/Mr  Smt/Mrs  Kumari/Ms  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

**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

<input type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Government
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Association of Persons
				<input type="checkbox"/> Limited Liability Partnership

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

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12 Country of citizenship  ISD code of country of citizenship

**13 Source of Income** Please select status,  as applicable

<input type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains
<input type="checkbox"/> Income from Business / Profession	<input type="checkbox"/> Income from Other sources
Business/Profession code <input type="text"/>	[For Code: Refer instructions]
<input type="checkbox"/> Income from House property	<input type="checkbox"/> 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**

**Networth (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**

Signature / Left Thumb Impression of Applicant  
 (inside the box)