

**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

<div style="border: 1px solid black; padding: 5px; width: 100%; height: 100%;">Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div>	<b>Assessing officer (AO code)</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 25%;">Area code</th> <th style="width: 25%;">AO type</th> <th style="width: 25%;">Range code</th> <th style="width: 25%;">AO No.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Area code	AO type	Range code	AO No.					<div style="border: 1px solid black; padding: 5px; width: 100%; height: 100%;">Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div>
Area code	AO type	Range code	AO No.							

Sign/ Left Thumb impression across this photo

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	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>
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**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*

<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 the Country of Citizenship**

**13 Source of Income**

*Please select status,  as applicable*

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

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First Name

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Middle Name

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**Address**

Road/Street/ Lane/Post Office

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Name of Premises/ Building/ Village

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Road/Street/ Lane/Post Office

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Area / Locality / Taluka/ Sub- Division

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Town / City / District

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State / Union Territory

Pincode / Zip code

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

I/We have enclosed  as proof of identity,  as mandatory certified documents  
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]*

**[Annexure 1 to be used wherever 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 applicableMarital Status  Single  Married  Divorced  Widow/WidowerCitizenship Status  I Foreigner  P Person of Indian origin  O Overseas citizen of IndiaIn 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 applicableIf 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 applicableForeign exchange, Money Changer Services  Yes  NoGaming/Gambling/Lottery services (Casinos and Betting Syndicates)  Yes  NoMoney 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)							

### **Annexure-1**

*(Certification under sub-rule (4) of rule 114 of the Income-tax Rules, 1962 in case of individuals not being a Citizen of India & entities incorporated outside India filling form 49AA)*

This document \_\_\_\_\_ (type of document) has been certified by \_\_\_\_\_  
(name of certifying person) acting in the capacity of \_\_\_\_\_ at \_\_\_\_\_  
(place) on \_\_\_\_\_ (date).

Official Seal \_\_\_\_\_ Signature \_\_\_\_\_

Full Name, Address and Telephone number of the Overseas Bank Branch of Scheduled Bank  
registered in India

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