

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; text-align: center;">Only 'Individuals' to affix recent photograph (3.5 cm x 2.5 cm)</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Sign/ Left Thumb impression across this photo</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Assessing officer (AO code) </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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 style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table> <div style="margin-top: 20px;"> <p>Sir,</p> <p>I/We hereby request that a permanent account number be allotted to me/us.</p> <p>I/We give below necessary particulars:</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 1 Full Name (Full expanded name to be mentioned as appearing in proof of identity/address documents: initials are not permitted) Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri/Mr <input type="checkbox"/> Smt/Mrs <input type="checkbox"/> Kumari/Ms <input type="checkbox"/> M/s Last Name / Surname First Name Middle Name </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 2 Abbreviation of the above name, as you would like it, to be printed on the PAN card <div style="border: 1px solid black; height: 1.2em; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 3 Have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick) as applicable) If yes, please give that other name Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri/Mr <input type="checkbox"/> Smt/Mrs <input type="checkbox"/> Kumari/Ms <input type="checkbox"/> M/s Last Name / Surname First Name Middle Name </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 4 Gender (for individual applicants only) <input type="checkbox"/> Male <input type="checkbox"/> Female (Please tick as applicable) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">Day <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> <div style="text-align: center;">Month <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> <div style="text-align: center;">Year <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only) Last Name / Surname First Name Middle Name </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 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 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Office Address Name of office Flat/Room/ Door / Block No. Name of Premises/ Building/ Village </div>	Area code	AO type	Range code	AO No.				
Area code	AO type	Range code	AO No.						

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

☐ Trusts ☐ Body of Individuals ☐ Local Authority ☐ Artificial Juridical Persons ☐ Association of Persons

☐ Limited Liability Partnership

11 Registration Number (for company, firms, 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] ☐ Capital Gains

☐ Income from House property ☐ 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]

[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 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

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

