

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)

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Sign/ Left Thumb impression across this photo

Signature/Left Thumb Impression

Assessing officer (AO code)

Table with 4 columns: 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, [checked] as applicable [ ] Shri/Mr [ ] Smt/Mrs [ ] Kumari/Ms [ ] M/s

Last Name / Surname, First Name, Middle Name grid

2 Abbreviation of the above name, as you would like it, to be printed on the PAN card

Abbreviation name grid

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, [checked] as applicable [ ] Shri/Mr [ ] Smt/Mrs [ ] Kumari/Ms [ ] M/s

Last Name / Surname, First Name, Middle Name grid

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 grid

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname, First Name, Middle Name grid

7 Address

Residence Address

Residence address details grid including Flat/Room/Door, Name of Premises, Road/Street, Area, Town, State, Pincode, Country Name

Office Address

Office address details grid including Name of office, Flat/Room/Door, Name of Premises, Road/Street, Area, Town, State, Pincode, Country Name

<b>8 Address for Communication</b>		<input type="checkbox"/> Residence	<input type="checkbox"/> Office	<i>(Please tick as applicable)</i>
<b>9 Telephone Number &amp; Email ID details</b>				
Country code	Area / STD Code	Telephone / Mobile number		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Email ID <input style="width: 90%;" type="text"/>				
<b>10 Status of applicant</b>				
Please select status, <input checked="" type="checkbox"/> 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
<b>11 Registration Number (for company, firms, LLPs, etc.)</b>				
<input style="width: 100%;" type="text"/>				
<b>12. Country of Citizenship</b>				
<input style="width: 80%;" type="text"/>			ISD Code of the Country of Citizenship <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>	
<b>13 Source of Income</b>				
			Please select status, <input checked="" type="checkbox"/> as applicable	
<input type="checkbox"/> Salary			<input type="checkbox"/> Capital Gains	
<input type="checkbox"/> Income from Business / Profession	Business/Profession code <input style="width: 5%;" type="text"/> <input style="width: 5%;" type="text"/>	[For Code: Refer instructions]		
<input type="checkbox"/> Income from House property			<input type="checkbox"/> Income from Other sources	
			<input type="checkbox"/> No income	
<b>14 Representative or Agent of the Applicant in India</b>				
Full name, address of the Representative or Agent				
<b>Full Name (Full expanded name: initials are not permitted)</b>				
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 <input style="width: 100%;" type="text"/>				
First Name <input style="width: 100%;" type="text"/>				
Middle Name <input style="width: 100%;" type="text"/>				
<b>Address</b>				
Flat/Room/ Door / Block No. <input style="width: 100%;" type="text"/>				
Name of Premises/ Building/ Village <input style="width: 100%;" type="text"/>				
Road/Street/ Lane/Post Office <input style="width: 100%;" type="text"/>				
Area / Locality / Taluka/ Sub- Division <input style="width: 100%;" type="text"/>				
Town / City / District <input style="width: 100%;" type="text"/>				
State / Union Territory <input style="width: 90%;" type="text"/>				Pincode / Zip code <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
<b>15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)</b>				
I/We have enclosed <input style="width: 30%;" type="text"/> as proof of identity, <input style="width: 30%;" type="text"/> as proof of address, and <input style="width: 30%;" type="text"/> as mandatory certified documents				
<i>[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]</i>				
<b>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)]</b>				
<i>["Control" as defined under SEBI (Substantial Acquisition of Shares and Takeovers) Regulations,1997</i>				
<i>"Beneficial owner" as defined in the para 5.1 of SEBI circular dated December 31, 2010 on Anti Money Laundering.]</i>				
(a) In case of Individuals <span style="float: right;">Please select <input checked="" type="checkbox"/> as applicable</span>				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower				
Citizenship Status <input type="checkbox"/> Foreigner <input type="checkbox"/> Person of Indian origin <input type="checkbox"/> Overseas citizen of India				
In case of Foreigner, country of Citizenship <input style="width: 50%;" type="text"/>				
Occupation details <input type="checkbox"/> Private sector service <input type="checkbox"/> Public sector/Govt. service <input type="checkbox"/> Business <input type="checkbox"/> 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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