

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)

Only 'Individuals'  
to affix recent  
photograph  
(3.5 cm x 2.5 cm)

**Assessing officer (AO code)**

Area code	AO type	Range code	AO No.

Sign/Left Thumb Impression across  
this photo

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 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

**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

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, LLPs, etc.)**

\_\_\_\_\_

**12. Country of Citizenship** \_\_\_\_\_ **ISD Code of the Country of Citizenship** \_\_\_\_\_

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

Salary     Capital Gains  
 Income from Business / Profession    Business/Profession code \_\_\_\_\_ (For Code: Refer Instructions)     Income from Other sources  
 Income from House property     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     Foreigner     Person of Indian origin     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)