Application for Allotment of Permanent Account Number

Under section 139A of the Income Tax Act, 1961

To,

The Assessing Officer

		Area Code	AO Type	Range Code	AO No.
Ward/Circle					
Range					
Commissioner					

Only 'Individuals' to affix recent photograph

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 : initials are not permitted)

Please Tick [√] as applicable Shri [ ] Smt [ ] Kumari [ ] M/s [ ]

Last Name / Surname First Name

Middle Name

2 Name as you would like it printed on the card

3 Have you been known by any other name? Please tick [✓] as applicable Yes [ ] No [ ]

If yes, give that other name

(Full expanded name : initials are not permitted) Shri [ ] Smt [ ] Kumari [ ] M/s [ ]

Middle Name

4 Father's Name (Only 'Individual' applicants : Even married women should give father's name only)

Last Name / Surname First Name

Middle Name

5 Address

R. Residential Address

Flat/Door/Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub - Division

Town / City / District State / Union Territory PIN

O. Office Address (Name of the office)

Flat/Door/Block No.

Name of Premises / Building /Village

Road / Street / Lane / Post Office

Area/Locality/Taluka/Sub-Division

Town/City/District State/Union Territory Pin

6 Address for Communication Please tick [✓] as applicable R [ ] or O [ ]

7 Tel. No. STD Code | Tel. No. | Email

8 Sex (For 'Individual' Applicants only) Please tick ✓ as applicable Male ☐ Female ☐

9 Status of the Applicant Please tick ✓ as applicable

Individual	P	Firm	F	Body of Individuals	B
Hindu Undivided Family	H	Association of Person	A	Local Authority	L
Company	C	Association of Person (Trust)	T	Aritificial Juridical Person	J

10 **Date of Birth / Incorporation / Agreement / Partnership or Trust Deed / Formation of Body of Individuals / Association of Persons** D D - M M - Y Y Y Y

11 Registration Number (In case of Firms, Companies etc.)

12 Whether citizen of India ? Please tick ✓ as applicable Yes ☐ No ☐

13 (a) Are you a salaried employee ? If yes, indicate Government ☐ Others ☐

Name of the Organisation where working

(b) If you are enganged in a business/ profession, indicate nature of business or profession and fill the relevant code

(c) If you are not covered by (a) or (b) above, indicate sources of income, if any

14 Full name, address of the Representative Assessee, who is assessable under the Income Tax Act in respect of the person, whose particulars have been given in column 1 to 13.

Full Name(Full expanded name : initials are not permitted) Please tick ✓ as applicable Shri ☐ Smt ☐ Kumari ☐ M/s ☐

Last Name / Surname First Name

Middle Name

Address

Flat/Door/Block No.

Name of Premises / Building / Village

Road / Street / Lane / Post Office

Area / Locality / Taluka / Sub - Division

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15 I/We have enclosed as proof of idenity and as proof of address

I/ We the applicant, do hereby declare that what is stated above is true to the best of my/our information and belief.

Verified today, the D D - M M - Y Y Y Y

Signature/LeftThumb Impression of Applicant (Inside the box)