

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

To avoid mistake (s), please follow the accompanying instructions and examples before filling up the form

Sign/ leftTumb impression across
this photo

Signature/Left Thumb Impression

Area code			AO type		Range code			AO No.			

I/We hereby request that a permanent account number be allotted to me/us.

I/We give below necessary particulars:

<i>Please select title,</i>	☒	<i>as applicable</i>	Shri	Smt.	Kumari	M/s
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[illegible]

First Name

Middle Name

[illegible]☐ Yes☐ No

(Please tick as applicable)

If yes, please give that other name

<i>Please select title,</i>	✓ <i>as applicable</i>	Shri	Smt.	Kumari	M/s
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[illegible]

First Name

Middle Name

☐ Male

☐ Female

(Please tick as applicable)

Day

Month

Year

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[illegible]

First Name

Middle Name

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 In case of a citizen of India, then					
Please mention your AADHAAR number (if allotted)					
13 Source of Income					
Please select status, ☒ as applicable					
☐ Salary				☐ Capital Gains	
☐ Income from Business / Profession	Business/Profession code		☐ Income from Other sources		
☐ Income from House property				☐ No income	
14 Representative Assessee (RA)					
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 the column 1-13.					
Full Name (Full expanded name: initials are not permitted)					
Please select title, ☒ as applicable					
☐ Shri	☐ Smt.	☐ Kumari	☐ 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				
15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)					
I/We have enclosed as proof of identity and					
as proof of address.					
[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 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	DDMMYYYY				
Signature / Left Thumb Impression of Applicant (inside the box)					