

Application for Allotment of Permanent Account Number
[In the case of Indian Citizens/Indian Companies/Entities incorporated in India/
Unincorporated entities formed in India]

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)

Area code			AO type		Range code			AO No.	

Signature / Left Thumb Impression

[illegible][illegible][illegible]

Day Month Year

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[illegible][illegible]

☐ Father's name ☐ Mother's name (Please tick as applicable)

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 person, who is required to quote Aadhar number or the Enrolment ID of Aadhar application form as per section 139 AA	
Please mention your AADHAAR number (if allotted)	
If AADHAAR number is not allotted, please mention the enrolment ID of Aadhaar application form	
Name as per AADHAAR letter or card or as per the Enrolment ID of Aadhaar application form	
13 Source of Income <i>Please select, ☒ as applicable</i>	
☐ 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 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), Proof of Address (POA) and Proof of Date of Birth (POB)	
I/We have enclosed as proof of identity, as proof of address and as proof of date of birth.	
[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 A, Annexure B & Annexure C are to be used wherever 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 :	
	Signature / Left Thumb Impression of Applicant (inside the box)