

**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

I/We give below necessary particulars:

[illegible][illegible][illegible]

Day                      Month                      Year

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |
|--|--|
|  |  |
|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

[illegible][illegible]

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

[illegible]

|                                                                                                                                                                                                 |                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Office Address</b>                                                                                                                                                                           |                                                                                                                                                                                             |
| 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                                                                                                                                                        |
|                                                                                                                                                                                                 |                                                                                                                                                                                             |
| <b>8 Address for Communication</b>                                                                                                                                                              | <input type="checkbox"/> <b>Residence</b> <input type="checkbox"/> <b>Office</b> (Please tick as applicable)                                                                                |
| <b>9 Telephone Number &amp; Email ID details</b>                                                                                                                                                |                                                                                                                                                                                             |
| Country code                                                                                                                                                                                    | Area/STD Code      Telephone / Mobile number                                                                                                                                                |
|                                                                                                                                                                                                 |                                                                                                                                                                                             |
| Email ID                                                                                                                                                                                        |                                                                                                                                                                                             |
| <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>                                                                                                                                   |                                                                                                                                                                                             |
|                                                                                                                                                                                                 |                                                                                                                                                                                             |
| <b>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</b>                                                      |                                                                                                                                                                                             |
| Please mention your AADHAAR number (if allotted) <input type="text"/>                                                                                                                           |                                                                                                                                                                                             |
| 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                                                                                                       |                                                                                                                                                                                             |
|                                                                                                                                                                                                 |                                                                                                                                                                                             |
| <b>13 Source of Income</b> Please select, <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      [For Code: Refer instructions]                                                                    | <input type="checkbox"/> Income from Other sources                                                                                                                                          |
| <input type="checkbox"/> Income from House property                                                                                                                                             | <input type="checkbox"/> No income                                                                                                                                                          |
| <b>14 Representative Assessee (RA)</b>                                                                                                                                                          |                                                                                                                                                                                             |
| 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.                   |                                                                                                                                                                                             |
| <b>Full Name (Full expanded name : initials are not permitted)</b>                                                                                                                              |                                                                                                                                                                                             |
| Please select title, <input checked="" type="checkbox"/> as applicable <input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/> M/s |                                                                                                                                                                                             |
| Last Name / Surname                                                                                                                                                                             |                                                                                                                                                                                             |
| First Name                                                                                                                                                                                      |                                                                                                                                                                                             |
| Middle Name                                                                                                                                                                                     |                                                                                                                                                                                             |
| <b>Address</b>                                                                                                                                                                                  |                                                                                                                                                                                             |
| 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                                                                                                                                                            |                                                                                                                                                                                             |
|                                                                                                                                                                                                 |                                                                                                                                                                                             |
| <b>15 Documents submitted as Proof of Identity (POI), Proof of Address (POA) and Proof of Date of Birth (POB)</b>                                                                               |                                                                                                                                                                                             |
| 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]                                                                                                                        |                                                                                                                                                                                             |
| <b>16</b> 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)                                                                                                                             |