

# FORM NO. 49A

FORM OF APPLICATION FOR ALLOTMENT OR PERMANENT ACCOUNT NUMBER  
( Under Section 139A of the Income-Tax Act, 1961. )

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

To

The Assessing Officer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sir,

Whereas my/our total income/ the total income of \_\_\_\_\_  
In respect of which I/We am/are assessable under the income-tax act, 1961, during the accounting year ending on  
DD MM YYYY   
exceeded rupees \_\_\_\_\_ the minimum amount which is not chargeable to income-tax:

Whereas my/our case doesn't fill under sub-section (1) of section 139 and I am/we are carrying on business the total  
sales/turnover/gross receipts of which are or is likely to exceed fifty thousand rupees in the accounting year ending on  
DD MM YYYY   
exceeded rupees \_\_\_\_\_ the minimum amount which is not chargeable to income-tax:

Whereas my/our case does not fill under sub-section 139A, and I my/we required to furnish a return of income under sub-  
section (1A) of section 139 for the accounting year ending on  
DD MM YYYY

And whereas no Permanent Account Number has been allotted to me/us.

\* Though earlier PAN had been allotted to across, no permanent account number under new series has been allotted;  
\* I/we hereby request that a permanent account number/permanent account number under new series be allotted to  
me/us;  
\* Applicable in places notified by the Board under Subsection(4) of Section 139A of the Income Tax Act, 1961.  
I/we give below the necessary particulars:-

Please fill as applicable ( Shri / Smt./ Kumari / M/s )

1. Full Name (no initials please)

Last Name/Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

2. Have you ever been known by any (Yes/No)  
other name?

If yes, please give other name (no initials please)

Please fill as applicable ( Shri / Smt./ Kumari / M/s )

Last Name/Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

3. Address

A. Residential Address

Flat/Door/Block No. \_\_\_\_\_

Name of Premises/Building/Village \_\_\_\_\_

Road/Street/Lane/Post Office \_\_\_\_\_  
Area/Locality/Teluka/Sub-Division \_\_\_\_\_  
Town/City/District \_\_\_\_\_  
State/Union Territory \_\_\_\_\_  
Pin \_\_\_\_\_

B. Office Address

Flat/Door/Block No. \_\_\_\_\_  
Name of Premises/Building/Village \_\_\_\_\_  
Road/Street/Lane/Post Office \_\_\_\_\_  
Area/Locality/Teluka/Sub-Division \_\_\_\_\_  
Town/City/District \_\_\_\_\_  
State/Union Territory \_\_\_\_\_  
Pin \_\_\_\_\_

4. Email Address \_\_\_\_\_

5. Status of the Applicant (Individual/Hindu Undivided Family/Company/Firm/Association Of Person/Association Of Persons(Trust)/Body Of Individuals/Local Authority/Artificial Judicial Person)

6. If any individual, please give Father's Name (no initials please)

Last Name/Surname \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

7. Sex (For Individual Applicant (Male/Female) only)

8. Date of (Birth /Incorporation/Agreement/Partnership or Trust Deeds/Formation Of Body Of Individuals/Association Of Persons)

9. Whether citizen of India? (Yes/No)

10. Registration Number (In case of Firms, Companies etc.) \_\_\_\_\_

11. Source(s) of Income ( Salaries / House Property / Business Or Profession /Capital Gains / Income From Other Source(s) )

12. Particulars of Business, if any

HEAD OFFICE

Name of 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 \_\_\_\_\_

• Nature of Business \_\_\_\_\_

• Tax Deduction Amount No. if any \_\_\_\_\_

• Date of commencement DD   MM   YYYY

• No. of Branches \_\_\_\_\_

BRANCHES (If required, please add in the given boxes below)

Name of Branch (No.1) \_\_\_\_\_

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 \_\_\_\_\_

- Nature of Business \_\_\_\_\_
- Tax Deduction Account No, if any \_\_\_\_\_
- Date of commencement : DD MM YYYY

Name of Branch (No.2) \_\_\_\_\_

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 \_\_\_\_\_

- Nature of Business \_\_\_\_\_
- Tax Deduction Account No, if any \_\_\_\_\_
- Date of commencement DD MM YYYY

13. If Firm/Hindu Undivided Family/Association of Persons/Body of Individuals/Company, the names, Addresses etc. of Partners/Members/Directors/ (For information about more persons, please add separate sheet(s) in the format given below)  
**DETAILS OF PARTNERS/MEMBERS/DIRECTORS**

a) Number of **(Partners/Members/Directors)**  
 No.  
 Please fill as applicable **(Shri / Smt. / Kumari / M/S)**

b) Full Name of the first member/partner etc. (no initials please)  
 Last Name/Surname \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_

c) Address  
 Flat /Door/Block No. \_\_\_\_\_  
 Name of Premises/Building/Village \_\_\_\_\_  
 Road/Street/Lane/Post Office \_\_\_\_\_  
 Area/Locality/Taluka/SubDivision \_\_\_\_\_  
 Town/City/District \_\_\_\_\_  
 State/Union Territory \_\_\_\_\_  
 Pin \_\_\_\_\_

Last Name/Surname \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_

c) Address  
 Flat /Door/Block No. \_\_\_\_\_  
 Name of Premises/Building/Village \_\_\_\_\_  
 Road/Street/Lane/Post Office \_\_\_\_\_  
 Area/Locality/Taluka/SubDivision \_\_\_\_\_  
 Town/City/District \_\_\_\_\_  
 State/Union Territory \_\_\_\_\_  
 Pin \_\_\_\_\_

14. Full Name, address of the representative assessable under the Income Tax Act in respect of the person, whose particulars have been given in column 1 to 13 (Please see Instruction no.14)

Please fill as applicable (Shri / Smt. / Kumari / M/S)

Full Name(no initials please)

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 \_\_\_\_\_

Town/City/District \_\_\_\_\_

State/Union Territory \_\_\_\_\_

Pin \_\_\_\_\_

15.(i) Permanent Account Number, if any allotted earlier\*

(ii) GIR No., if any allotted earlier

(iii) Ward/Circle/Range

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

\*Applicable in places notified by the Board under Subsection(4) of Section 139A of the Income Tax Act, 1961.

Verified today, the

DD  MM  YYYY