

SPECIMEN OF FORM NO.49A FOR INDIAN NATIONAL RESIDING OVERSEAS

Form No. 49A

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

Under section 139A of the Income Tax Act, 1961

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



Assessing officer (AO code)

Area code	AO type	Range code	AO No.

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 to be mentioned as appearing in proof of identity/address documents: initials are not permitted)

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname **K U M A R**
First Name **R A K E S H**
Middle Name

2 Abbreviation of the above name, as you would like it, to be printed on the PAN card

R A K E S H K U M A R

3 Have you ever been known by any other name? Yes No (Please tick as applicable)

If yes, please give that other name

Please select title, as applicable Shri Smt. Kumari M/s

Last Name / Surname
First Name
Middle Name

4 Gender (for Individual applicants only) Male Female (Please tick as applicable)

5 Date of Birth/Incorporation/Agreement/Partnership or Trust Deed/ Formation of Body of individuals or Association of Persons

Day **01** Month **06** Year **1974**

6 Father's Name (Only 'Individual' applicants: Even married women should fill in father's name only)

Last Name / Surname **K U M A R**
First Name **R A J E S H**
Middle Name

7 Address

Residence Address

Flat/Room/ Door / Block No. **4 2 - B**
Name of Premises/ Building/ Village **S E R A N G O O N N O R T H A V E N U E 5**
Road/Street/ Lane/Post Office **P O B O X 5 1 5 0 8**
Area / Locality / Taluka/ Sub- Division
Town / City / District **A N G M O K I O**
State / Union Territory **SINGAPORE** Pincode / Zip code **5 5 4 5 7 4** Country Name **REPUBLIC OF SINGAPORE**

Office Address

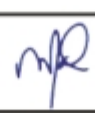
Name of office
Flat/Room/ Door / Block No.
Name of Premises/ Building/ Village
Road/Street/ Lane/Post Office
Area / Locality / Taluka/ Sub- Division
Town / City / District

SAMPLE COPY

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State / Union Territory	Pincode / Zip code	Country Name
[Empty Fields]		
8 Address for Communication		<input checked="" type="checkbox"/> Residence <input type="checkbox"/> Office <small>(Please tick as applicable)</small>
9 Telephone Number & Email ID details		
Country code	Area/STD Code	Telephone / Mobile number
0 6 5	[Empty]	X X X X X X X X X X
Email ID: xyz@email.com		
10 Status of applicant		
Please select status, <input checked="" type="checkbox"/> as applicable		
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Hindu undivided family	<input type="checkbox"/> Company
<input type="checkbox"/> Trusts	<input type="checkbox"/> Body of Individuals	<input type="checkbox"/> Local Authority
<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Artificial Juridical Persons	<input type="checkbox"/> Government
<input type="checkbox"/> Association of Persons	<input type="checkbox"/> Limited Liability Partnership	
11 Registration Number (for company, firms, LLPs, etc.)		
[Empty Fields]		
12 In case of a citizen of India, then		
Please mention your AADHAAR number (if allotted): 9 9 9 9 9 9 9 9 9 9 9 9		
13 Source of Income		
Please select status, <input checked="" type="checkbox"/> as applicable		
<input checked="" type="checkbox"/> Salary	<input type="checkbox"/> Capital Gains	
<input type="checkbox"/> Income from Business / Profession	Business/Profession code: [Empty]	<input type="checkbox"/> Income from Other sources
<input type="checkbox"/> Income from House property		<input type="checkbox"/> 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, <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: [Empty]		
First Name: [Empty]		
Middle Name: [Empty]		
Address		
Flat/Room/ Door / Block No.	[Empty]	
Name of Premises/ Building/ Village	[Empty]	
Road/Street/ Lane/Post Office	[Empty]	
Area / Locality / Taluka/ Sub- Division	[Empty]	
Town / City / District	[Empty]	
State / Union Territory	Pincode: [Empty]	
15 Documents submitted as Proof of Identity(POI) and Proof of Address (POA)		
I/We have enclosed PASSPORT as proof of identity and BANK STATEMENT as proof of address.		
<small>(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)</small>		
16 I/we RAKESH KUMAR , the applicant, in the capacity of INDIVIDUAL do hereby declare that what is stated above is true to the best of my/our information and belief.		
Place	SINGAPORE	 Signature / Left Thumb Impression of Applicant (inside the box)
Date	0 6 0 6 2 0 1 5	

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