FORM NO. 94
[See rule 158]

Application for Allotment of Permanent Account Number
[For an Indian Company / an Entity incorporated in India / an Unincorporated Entity formed in India]

S. No.	Part A - Personal Information	
1	**Name**	
2	**Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons**	
3	**Office Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**PIN/ZIPCODE** **Country/Region**
4	**Communication Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**PIN/ZIPCODE** **Country/Region**
5	**Status** *(select status as applicable)*	Hindu undivided family; Company; Firm; Association of persons, whether incorporated or not; Body of individuals, whether incorporated or not; Local Authority; Artificial Judicial Person; Government; Trust; Limited Liability Partnership
6	**Registration Number** (for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals , Artificial Juridicial Person and Trust)	
7	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code; Mobile Number Area/STD Code; Landline Number
	Part B- Source of Income	
8	**Source of Income** *(select one or more)*	Salary; Income from Business/Profession; Income from House Property; Capital Gains; Income from Other Sources; No Income
	Part C - Assessing Officer (AO Code)	
9	**AO Code Details**	(i) Area Code; (ii) AO Type; (iii) Range Code; (iv) AO No.
	Part D- Representative Assessee (RA)/Authorized Representative (AR)	
10	**RA / AR Name** **First Name** **Middle Name** **Last Name**	

11	**Permanent Account Number** *(if any)*	
12	**Aadhaar Number** *(if Permanent Account Number is not available)*	
13	**RA / AR Address** Flat/Door/Building Road/Street/ Block/Sector Post Office Area/Locality/Town/City District State/Union Territory	**PIN/ZIPCODE** **Country/Region**
14	**Contact Details** (i) Mobile Number (ii) Email ID (iii) Landline No. with STD Code *(if any)*	Country Code / Mobile Number Area/STD Code / Landline Number

Part E: Declaration by Applicant or by Representative Assessee/Authorized Representative on behalf of the Applicant

15 **Documents submitted as Proof of Identity, Proof of Address and Proof of Date of Incorporation/Agreement/Partnership or Trust Deed/Formation of Body of Individuals or Association of Persons of the Applicant**

(i) Proof of Identity
(ii) Proof of Address
(iii) Proof of Date of Incorporation/Agreement/ Partnership or Trust Deed/ Formation of Body of Individuals or Association of Persons

16 **Documents submitted as Proof of Identity, Proof of Address of Representative Assessee/Authorized Representative**

(i) Proof of Identity
(ii) Proof of Address

Verification & Declaration

a. I, _____ , in the capacity of _____ (Representative Assessee/Authorized Representative) do hereby declare that what is stated above is true to the best of my knowledge and belief.

b. I declare that the applicant does not possess Permanent Account Number and shall be liable for legal consequences under Income-tax Act, 2025 if this declaration is found to be incorrect.

Designation_____

Place_____

Date _____

(Signature /Left Hand Thumb Impression of Applicant or Representative Assessee or Authorized Representative)

Name:_____

Designation: _____