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]

Sr. 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

D D M M Y Y Y Y

3. Office Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory | Country/Region | PIN / ZIP CODE

4. Communication Address

Flat/Door/Building

Road/Street/Block/Sector

Post Office

Area/Locality/Town/City

District

State/Union Territory | Country/Region | PIN / ZIP CODE

5. Status *(select one as applicable)*

Tick Hindu Undivided Family | Tick Company | Tick Firm | Tick Association of Persons, whether incorporated or not

Tick Body of Individuals, whether incorporated or not | Tick Local Authority | Tick Artificial Judicial Person

Tick Government | Tick Trust | Tick Limited Liability Partnership

6. Registration Number *(for Company, Firm, Limited Liability Partnership, Association of Persons, Body of Individuals, Artifical Juridicial Person and Trust)*

7. Contact Details

(i) Mobile Number — Country Code | Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code *(if any)* — STD Code | Landline Number

PART B- Source of Income

8. Source of Income *(select one or more)*

Tick Salary | Tick Income from Business/Profession | Tick Income from House Property

Tick Capital Gains | Tick Income from Other Sources | Tick No Income

PART C - Assessing Officer (AO Code)

9. Assessing Officer (AO Code)

(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 | Country/Region | PIN / ZIP CODE

14. Contact Details

(i) Mobile Number | Country Code | Mobile Number

(ii) Email ID

(iii) Landline No. with STD Code (*if any*) | 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

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

Tick (i) Proof of Identity Tick (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: _____